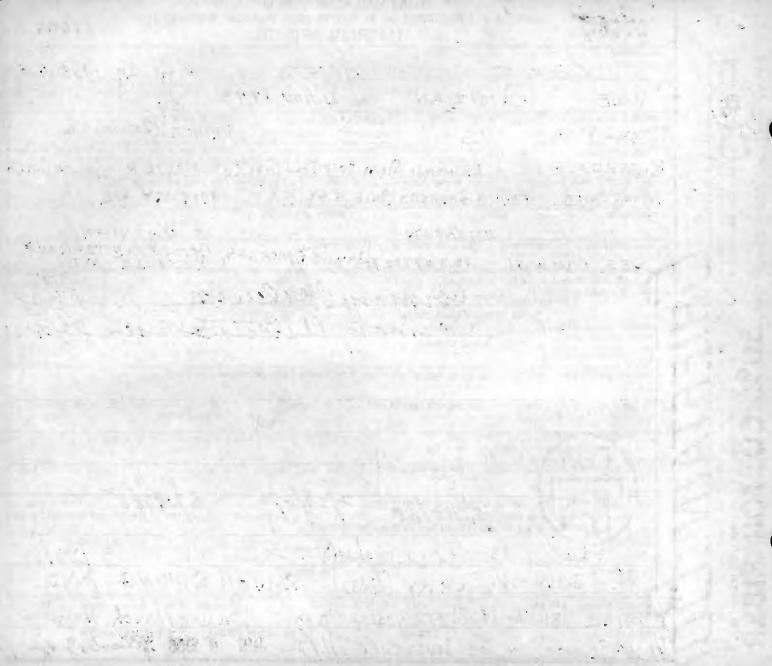
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07407 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH I. DECEASED-NAME First death (Type or print) Month IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE IF UNDER 1 YEAR 3. SEX 4. RACE (In years last birthdoy) LI NOU MONTHS DAYS HOURS CAUCASIAN MALE YRS. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED EGRGES PRINCE ORK WIDOWED DIVORCED 12a, USUAL OCCUPATION (Kind of work done crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired TAXI (AB DRIVE R give street oddress) RIVERDALE VELLOW physician and campletely 13o. USUAL RESIDENCE (Where deceased fixed, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER PHYSICIAN: The law requires that the death certificate be executed YES X NO [FORGES COLLEGE PK 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First UNKNOWN HLIKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 12307302 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A SONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TO HOUR A.M. P.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while of work 220. I certify that (I) (this hospital) attended/the deceased fram. sow the deceased alive on _____, that (1) (we) lost causes stated above, (1) (we) (did not) yiew the body after death. sow the deceased alive on. 22b. SIGNATURE 22c. DATE SIGNE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE 23a. BURIAL CREMATION. 2So. REC'D. BY **FUNERAL DIRECTOR**



T Barker OF ESTI- DEATH MATED 5-30-68 1912 2 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years lest birthday) Months Day's Hours Milk. Female White 2-8-1884 84 YRS OF ESTI- DEATH MATED 5-30-68 1912 2	OppM Hour
HEALTH DEPT. 1. DECEASED-NAME . First Middle Last 2a. DATE KNOWN Month Doy Year 21	MrgO.
HEALTH DEP1. 1. DECEASED-NAME (Type or Print) Eola T Barker Death Maried 5-30-68 19.2 20. DATE KNOWN Month Doy Year 21 DEATH MARIED 5-30-68 19.2 22. DATE KNOWN Month Doy Year 21 DEATH MARIED 5-30-68 19.2 24. RACE S. DATE OF BIRTH 6. AGE (in years last birthday) MONTHS DAYS HOURS MIM. Month Doy Year 24. RACE 1. DECEASED-NAME T DEATH MARIED 5-30-68 19.2 24. RACE 1. DECEASED-NAME T DEATH MARIED 5-30-68 19.2 25. DATE KNOWN Month DOY Year 26. DATE KNOWN MONTH DOY HOURS MONTH 5-30-68 19.2 26. DATE KNOWN MONTH DOY HOURS MONTH 5-30-68 19.2 27. DATE KNOWN MONTH DOY HOURS MONTH 5-30-68 19.2 26. DATE KNOWN MONTH DOY HOURS MONTH 5-30-68 19.2 27. DATE KNOWN MONTH DOY HOURS MONTH 5-30-68 19.2 26. DATE KNOWN MONTH DOY HOURS MONTH 5-30-68 19.2 27. DATE KNOWN MONTH DOY HOURS MONTH 5-30-68 19.2 28. DATE KNOWN MONTH DOY HOURS MONTH 5-30-68 19.2 29. DATE KNOWN MONTH DOY HOURS	MrgO.
Eola T Barker Death Maied 5-30-68 19.2.2 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lest birthday) MONTHS DAYS HOURS MIM. MONTH Day Year 19.1.2.2 Female White 2-8-1884 84 YRS 30 68 19.1.2.2	
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lest birthday) MONTHS DAYS HOURS MIN. MONTH Doy Year 30 68 19 12 12	HOUR
Female White 2-8-1884 84 YRS 500 68 19 12 12	
T. DISTURBACE IN THE THE CHARGE COUNTRY OF MADRICE CHARGE IN COUNTRY OF DEATH	MrcrO
70. BIRTHPLACE (State or foreign 7b. CITIZEN-OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Country STRICT of Col U.S WIDOWED DIVORCED Prince George's	Md.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane life, even if retired.) INDUSTRY	S OR
Riverdale give street oddress) Leland Memorial Hospital during most at working life, even if retired.) INDUSTRY	
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN of the city distriction of the	
2 2 3 6 Mary 12 And Prince George Riverdale VIS □ NO □ 4415 East West Highway	
WIDOWED DO DIVORCED Prince George Is II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, went iterated) INDUSTRY III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital diving most adventional) If went and work of work of work of which institution. Residence before 12. CITY OR TOWN III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital diving most advention) Iterated Industry. III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital diving most advention) Iterated Industry. III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Industry and work of which of work date of work of which of	
ASS PARKER RICE ELLEN DOUGLAS GRAHAM	
16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates of service) NOKE NATHRYN R. TURNER 4404 R. D. A. L. L. M.	-
16d. WAS DECEASED FYER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17	2
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: II. DEATH WAS CAUSED BY:	DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Heart failure minutes	
DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	
Conditions, if any, which gave) (b)	
DUE TO, OR AS A CONSEQUENCE OF lost.	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Conditions, if ony, which gove nise to immediate cause (a). Stating the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED? Fracture of right femur PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED? PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED? PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED? PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED?	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
Fracture of right femur - 4-28-68 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?	
WAS PERFORMED?	NO FEE
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? Fracture of right femur 120. AUTOPSY? YES 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part) or Part 2, Item 18.)	NO D
196. CONDITION FOR WHICH OPERATION 196. CONDITION FOR WHICH OPERATION 5-2-68 196. CONDITION FOR WHICH OPERATION 5-2-68 196. CONDITION FOR WHICH OPERATION 5-2-68 196. CONDITION FOR WHICH OPERATION YES 210. EXTERNAL CAUSE WAS HOUR A.M. PM P.M. 4-28-1968 Fell at home 216. INJURY OCCURRED 121e, PLACE OF INJURY (At home, form, sfreet, 21f. LOCATION Street or R.F.D. No. Gity or Town Caunty	
PRIMARY OR CONTRIBUTING PM P.M. 4-28-1968 Fell at home (AUSE OF DEATH PM P.M. 4-28-1968 Fell at home 21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home, form, sfreet, 21f. IOCATION Street or R.F.D. No. City or Town County	State
WHILE NOT WHILE I	Jidid
PRIMARY OR CONTRIBUTING PHOUR A.M. 4-28-1968 Fell at home [Ause of beath 21d. InJury occurred 21e. Place of inJury (At home, form, sfreet, home 21f. Ideation Street or R.F.D. No. City or Town County County	
220. I certify that I took charge of the remains described above, held an Autopsy, Inspection _k, Inquiry _k, and in my death resulted from: Natural causes, Accident _k, Suicide, Homicide, Undetermined monner	финин
2 0 2 2 2 1 death resulted from: Matural causes [], Accident [2], Solide [], Holmidae [], Olidetermined motine []	
S O T T O	
CHIEF MEDICAL EXAMINER ACTUAL ACTUAL	
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CALL	
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CALE EXAMINER CALE SIGNATURE CHIEF MEDICAL EXAMINER CALE EXAMINER CALE SIGNED CALE EXAMINER CALE EXAMI	
ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS (Street, city, town, or county) 22b. Date Signed DEPUTY MEDICAL EXAMINER Street, city, town, or county) 23d. BURIAL, CREMATION, 226. Date 22b. Date Signed 22c. Name OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 226. Date 22d. Date Signed)
ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER STANDARD SIGNATURE EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS (Street, city, town, or county) 22b. Date Signed ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER STANDARD SIGNATURE 22c. Date Signed ADDRESS (Street, city, town, or county) 23d. BURIAL, CREMATION, 22b. Date 22d. Date Signed (County), (Store)
ACTUAL SIGNATURE SIGN)

Trially at the control of the contro 00000 102 absole THE REPORT OF THE PARTY OF THE

TEMPLE PARCESIAN CONTRACTOR SEED talways a sound of the property of the later to the control EARLY WITH LEVEL AND A CONTRACT OF THE PARTY The Agent of Control of the Control The Contract of the Contract o Les times to the fact of the same time a less which

		CERTIFICATE OF DEATH		37410
1. DECEASED-NAME First (Type or print) E	Middle L.	Belbin	20. DATE OF DEATH Month 5	1968 2b. HOURP 10:50
3. SEX Female	4. RACE Caucasian	S. DATE OF BIRTH 10/21/95	6. AGE (In years last birthday)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS GAYS HOURS MIN S.
7o. BIRTHPLACE (State or foreign country) North Carolina	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NIDOWED DIVORCED	9. COUNTY OF DEATH Prince Georges	AA-d
10. CITY OR TOWN OF DEATH Cheverly	11. NAME OF HOSPITAL OR II	en'l Hospital during	SUAL OCCUPATION (Kind of work dane most of working life, even if retired.	
de Maryland	ed lived, if institution: Residence before	Greenbelt 13d. MISIOE CI		Road
14. FATHER'S NAME First	Middle Lost HOARD		,	HEARST
Yes, na, or unknown) (If yes give wi	TED FORCES? ar or dotes of service) 16b. SOCIAL SECURITY 578 26 9		Day (Rame a	4 /3e) APPROXIMATE INTERVAL
E410	DUE TO, OR AS A CONSEQUENCE O	NOT RELATED TO THE TERMINAL DISEASE (20b. IF YES, WERE FINDINGS	S CONSIDERED IN CERTIFYING
19a. DATE OF OPERATION 19b. (19b. (1	H HOUR A.M. Month Doy Yeo		CAUSES OF DEATH? Yes nter noture of injury in Port 1 or Port 2	
While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	1 1		County State
22a. I certify that (I) this saw the deceased all causes stated abave 22b/SIGNATURE	schemical) attended the decealive an May (I) (west did) editing? View the	19.68, ord that in (my) (cont of body affect death. DEGREE PHYS.	opinion death occurred an the of the Director STAFF 22.	1968, that (1) (we last date and hour and from the last signed 5/6/68
22d. PHYSICIANY/ NAME/TYPO	1000	22e. ADDRESS	, Centerway, Green	

MANAGER CHIEF WILLIAM

Although to dispating

last cool of test, old shore!

2 25166

Bigdi , - HontorRenkieli.

Curceston

Farm)

#15000C

Trince Secreta Appropria

Tought to be a few to the first transfer of the few of

. Discould be did to

-LOVIETABLE

Name 3, 1904 10:30

The same of the sa

MAKTLANU STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE OF DEATH Middle 2b. HOUR requires that the death certificate be executed within 24 hours after death signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and burial, tremation, or removal, and in any event, within 72 hours after death Month 2 (Type ar print) Frank Bennett May 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS last birthday) HOURS Male Caucasian 6/4/06 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Pennsylvania USA WIDOWED [DIVORCED T Prince Georges 10. CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Cheverly Prince Geo.Gen'l Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Maryland 3105 Newton Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Orazio Di Bennedetto Carmella De Angelis 243 Addrest. Avenue 16b. SOCIAL SECURITY NO. 17. INFORMANT (son) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, ng or unknown) 192037551 James R. Bennett Murrayhill, NJ. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) nassive rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year detoched for the detection of the detect (If either, notify medical examiner) 21e, PLACE OF INJURY (AT HOME, FARM, STRET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED May 2, 1968 ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S Frince Georges General Hospital, Cheverly, NAME (Type) Tomas J. Hernandez, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) BUNYA (Specify) 5-6-68 Gate of Heaven Cemetery Silver Spring, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 250. REC'D BY REGISTRAR 4308 Suitland Rd. SE, Suitland, Maryland Victories & 30M REV, 1/68 MAY DATE

ALC: N			3	1 de
Dest Sets 11 yel	Sympanic	MA.		
7.	09/4/0	nuleston.		
to shall year to				frair T
	Inlicaco Pus	alter the entire		
July 20 December 2011				
and the second second		SAMALIS	120	
Transfer and	is it is	207-302		
of the Land to the	PS (199) La	1 40 to 1 -0	4-	
470.2 2 700.7	*			
Surrow Constal Surpettal, Sweet	Palace I	. Improved .		
Calgo a territoria			m) em	
ASSESSMENT TO BE A LIVE	in Fig.		Thirly by	

NEGU

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3741 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH DECEASED NAME First 2b. HOUR (Type or print) eremy 6. AGF (In years last birthday) IF UNDER 1 YEAR 3. SEX 7b. CITIZEN OF DIVORCED WIDOWED [FORGES INCE 12g. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR law requires that the death certificate be executed within INDUSTRY during most of working life, even if retired.) .3a USJAL RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER burial-transit permit. Then please remaye k burial, crematian, or remayal, and in any evel admission) STATE 13b. COUNTY % attending physician and commen 14 FATHER'S NAME Middle MAIDEN NAME First Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar yaknawn) (yes give war or dates of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter any one cause per me for (a) (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave) HEART ONGINITAL rise to immed ate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Y(a) detached far use as the 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🖃 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216 TIME OF INSURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED City or Town County While Nat while at wark 220. I certify that (1) (this haspital) attended the deceased fram 230 May 31, 19 68, 18325 May 31, 19 68, that (1) (we) last May 3/19 68, and that in (my) (aur) opinion death occurred on the date and hour and from the saw the deceased alive an____ Page 4 may be retained O FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE 22c DATE SIGNED ATTENDING PHYS DIRECTOR PHYS 22e. ADDRESSAF PHYSICIAN S NAME (Type) Robert S. Nelson, USAF, MC director, po shauld be f Hospital Andrews 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 25b. REGISTRAR'S SIGNATURE 24. FUNERAL BIRECTOR 25a REC D BY REGISTRAR VR A15 (4) 1968 30M REV 1,68



0	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Item#8,Film#G400 5/2MEDICAh EXAMINER'S CERTIFICATE OF DEATH	1210
HEALTH DEPT!	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN[7] Month Dgy	Yeor 2b. HOUR
- eos	(Type or Print) Walter Leonard Bishop DEATH MATED \$25-12-68	8 193:30pm M
delay is ond 3 to M3. Page	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years IF LINDER 1 FEAR FUNDER 24 HRS 2c. DATE PRONOUNCED DEAD	20 HOUR
del M3.	last birthday) MONTHS DAYS HOURS MIN. Month Day y	Year 19 5: 20pmM
2 2 2	Male White 1-28-1910 58 YRS 5 12 68 70. BIRTHPACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 74 PVER MARRIED 9. COUNTY OF DEATH	2 13 D. KODIUW
	(ountry)	
ages I	Va. U.S.A. — TITICO GOOTEO D	Md MD OF BUSINESS OR
Page	give street address) during most of working life, even if retired 1 INDUS	
d we d we	Cheverly Prince George Hospital Maintance Man Gorge	verment
s ofter 18. Gi e olong 2 with deoth	13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c USUAL RESIDENCE (Where deceased lived) (Where d	
75 o 189 o 180 o 1	admission) STATE District of Columbia Washington YES 12NO 430 K Street, I	J.W.
INER: This certificate should be executed within 24 hours offer death e certificate, writing the word "pending" in pencil in Item 18. Give Pages should be forwarded to the Chief Medical Examiner's Office olong with files. 3 should be used as buriol-transit permit. File pages land 2 with the State totion, or removal, and in any event within 72 hours ofter death	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
24 h in It r's O r's O rrs of	Walter L. Bishop Evelyn C	Clarke
thin 24 incil in miner's pages hours	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1171
within pencil kamine ile pagi		ela Ra.
should be executed with a word "pending" in perion to the Chief Medical Exarpurol-transit permit. File in ony event within 72	GlennDale, Md.	APPROX MATE INTERVAL
if the self in the	DARY I DEATH WISE CAUCED BY	minutes
e execute pending" ef Medical isit permit	DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over 9 yrs.
sit	Conditions, if ony, which gove)	DACT \ ALD!
Chie	rise ta immediate cause (a), (b)	
ony ony	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she ve the very	lost. (c)	
XAMINER: This certificate is the certificate, writing this at 4 should be forwarded to your files. Oge 3 should be used as a becreation, or removal, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(0)	
INER: This certificate certificate certificate, writing should be forwarder files. 3 should be used os otremovol, c	× Y	
wri rwc rwc nov	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
oe to	190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PM. 19 21d INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18 PM. 19 21d INJURY OCCURRED 12 e. P.ACF OF INJURY (At home form street 121f IOCAT ON Street or RED. No. 19 21d INJURY OCCURRED 12 e. P.ACF OF INJURY (At home form street 121f IOCAT ON Street or RED. No. 19	YES NO E
find be to b	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18 HOUR A.M.)
certiconiconiconiconiconiconiconiconiconicon	PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	
S S S S S S S S S S S S S S S S S S S	The state of the s	unity State
AAR e 11 aur aur	WHILE AT WORK AT WORK AT WORK AT WORK	
bical Examiner: se execute the cert ector. Page 4 should ned for your files. iECTOR:Page 3 shou buriod, cremotion,	22a. I certify that I taak charge of the remains described above, held an Autapsy []. Inspection [X], Inquiry [X],	and in my apınıan
A Section of the sect	death resulted fram. Natural causes \$1, Accident [7]. Suicide [7], Hamicide [7], Undetermined manner [7]	and my apman
SE COLOR		
please I direct tretoine	ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGNE	n
Y. Y. Serul	CICMATIDE MID ASSISTANT MEDICAL ENGINEER CONTROLLER	3-68
ssary, please er funeral director ay be retoined in interest in prior to but the prior	EXAMINEK'S	<u>J-00</u>
To DEPUTY DICAL EXAMIL necessary, please execute the the funeral director. Page 4 sl 5 may be retained for yaur fi To FUNERAL DIRECTOR: Page 3 Health prior to buriol, cremo	700M Kelloe MD 101Velda104.	6.3
5 = 5 5 = 1	23a, BUR AL CREMATON 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23c LOCATION (City or Town) (Coun	* 7
	Burial 5/15/68 Baltimore National Baltimore Ba	ltimore Md
	ADDRESS 250 RECD BY REGISTRAR 256 REG STRAFT SIGNAL DATE MAI 1 7 1968 FULL STRAFT SIGNAL DATE MAI 1 7 1968	Par Quelac
VR A15ME (5) 10M REV. 1/68	Francis Gasch's Sons Hyattsville, Md. DATE MAI 1 1 1908	00

MARYLAND STATE DEPARTMENT OF HEALTH

w francis

Ţ

		MAKTLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
. 44		CERTIFICATE OF DEATH	
eoth grol and 2 eoth.		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH (ype or print) / 0/1/C 0 —) _M
after deoth	3 51	X 4 RACE S DATE OF BIRTH 6/AGE (In years Prunder 1 YEAR IF UNDER 24 HR	
	L	FEMALE WHITE Det 17, 1900 last bythology YRS MONTHS CAYS HOURS MI	_
Para Para Para Para Para Para Para Para	7a саы	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVE	Nd.
ithin 24 y filled in poper vithin 72	10. (TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life, even if retired) 12b. KIND OF BUSINESS OR INDUSTRY	
The law requires that the death certificate be executed within ottending physician. It has been signed by the ottending physician and completely filles as the burial-transit permit. Then please remove carbon postin prior to burial, cremation, or removal, and in any event, within		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e STREET AND ALMARED TI MORE AND STATE AND	1
exected control of the control of th	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost	_
ate be ex ician and lease rem ond in an	L	JAMES HOLLETT CATHERINE QUALNER	_
equires that the death certificate by physician. Signed by the ottending physician burial-transit permit. Then please burial, cremation, or removal, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 17. INFORMANT JOHN F. BLODGETT, Address SAME ASTER.	<u>5</u>
oth cer iding p t. The	Г	18. CAUSE OF DEATH (Enter only one cause per line far to), (b), and (c).) PART I. DEATH WAS CAUSED BY:	
e dec offer on, o		IMMEDIATE (AUSE (o)	
the usit mate		Conditions, if ony, fwhich gove (b).	
equires that the death co physician. signed by the attending burial-transit permit. The burial, cremation, or rem		stating the underlying cause (c) Cerc or at autoreoccercials (c) Cerc or at autoreoccercials	
equir phys signs buric		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The law restraining that been se as the hiprior to	TION	19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	-
The lo ottend has bese as the prior	CERTIFICATION	YES NO CAUSES OF DEATH?	
	MEDICAL CES	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19	
YS os the	MED	(If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED While Not while of work of work of work of work of work.	
ATTENDING stained by th CTOR: After t should be da		220. I certify that (I) (this hospital) attended the deceased from 200, 1908, ta 200, 1908, that (I) (we) have a saw the deceased glassian and have and hour and from the deceased glassian attended to the deceased from the deceased glassian attended to the deceased from the deceased glassian attended to the deceased from the deceased f	ast he
TIEN ained Fould hould th the		causes stated obove, (I) (we) (did) (did not) view the body after death.	_
OR ATTENI be retained DIMICTOR: A je 3 should ed with the		22b. SIGNATURE DEGREE PHYS MED DIRECTOR STAFF PHYS DIRECTOR DAY 29 196	3
		22d. PHYSICIANS NAME (Type) DON B. CAMERON 22e. ADDRESS 3503 PERRY ST. MID	
O HOSPITAL Page 4 moy O FUNERAL director, pag should be fi	23a	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole)	
VR ADA	24	FUNERAL, DIRECTOR 2 250. REC'D BY REGISTRAR 25b REGISTRAR 3 5.60 ATUR	_
30M RET 1 88		W W (hambers GO RIVERDALE, MAD DATE JUN 3 1968 France)	



- 1					EPAKIMENI UF		DVI AND GIGGI		
		*****	DIVISION OF VITAL RECOF	*	ATE OF DEATH	IIMUKE, MA	RTLAND 21201		110
	. DE	CEASED-NAME First	Middle		Last	2a. DATE O	F DEATH		2b. HOUR
	(1)	rpe ar print) Bab	v Bov	1	Bosworth		Month 20	1968	
	SE)		4. RACE		. DATE OF BIRTH		6. AGE (In years last birthday)	IF JNDER 1 YEAR	IR IF JAIDER 24 HRS.
1		Male	Negro		19 May 1968	8	last birthday) YR:	MONTHS DATES.	NOURS MIN.
7	a. B	IRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	F DEATH		-1
н	cauni	Maryland		WIDOWED		Pr	i. George:	S	Md.
F	0. (TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	OR INSTITUTION (If nat	ın haspital 12a USU	JAL OCCUPATION	(Kind at work dan	e 12b KIND	OF BUSINESS OR
1		Chevely	give street address) Pr. Geo.	Gen. Hos	P. Curing n		life, even if retired.) INDUSTRY	
	3g. I	USLAL RESIDENCE (Where decease isian) STATE	id lived, if institution Residence be 13b COUNTY Pr Geo.	Hare 13c. CITY OR T		10.5	TREET AND NUMBER		
Ļ		Maryland	TAKE BENEFIT	Lando	ver		7210 Ches	peake_	Street
ľ	4 F	ATHER S NAME First			MOTHERS MAIDEN NAME		Middle		Last
-	14-	David Karl Bo			Mary Louise	Smith			
ł			ED FORCES? 100. SOCIAL SECT	JKITT NO. 17. INI	OKMANI		Address		
	7	NO CONST OF PEATH (S.)		1(1)		~	·	APPR	ROXIMATE INTERVAL
ı		PART I. DEATH WAS CAUSED		10 ((1)	- 56	O G	MS.	DETWEE	EN ONSET AND DEATH
ł	-	177/ O IMMEDIA	TE CAUSE (o)	2 runn	3				
۱	ŀ	Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE	E OF	ateleci	tagin	frila	toul	
ı		rise ta immediate cause (a),	DUE TO, OR NS A CONSEQUENCE	FOF	andry	0000	1 0 1/2 29	7.00	
1		stating the underlying cause last.	(c)						
1	ı	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH E	OUT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART I(a)		
1	z	762,							
ı	CERTIFICATION		ONDITION FOR WHICH OPERATION W	'AS PERFORMED	20a. AUTOPSY?		F YES, WERE FINDINGS	CONSIDERED IN	I CERTIFYING
l	KIE				YES NO	_	S OF DEATH?		
		21g. ACCIDENT WAS UNDERLYING			Y INJURY OCCURRED (Ent	er nature of inju	ury in Part 1 or Part 1	2, Item 18.)	
	MEDICAL	(If either, natify med cal examin	er) P.M.	19					
	2	21d INJURY OCCURRED 218 While Nat while	PLACE OF INJURY (AT HOME, FARM, STR OFFICE BUILDING, ET	EET, FACTORY) 21f. LOC	ATION Street or R.F.D. N	a. City	or Tawn	County	State
		While Nat while at wark			10	(O)	f 20	0 6 0	- 41
		22a. I certify that (1) (thi	s naspital) attended the deliverant May 20	ceased fram_M&	that in large) (our) or	oinian death	ground on the	date and ho	ur and from the
		causes stated abave	s haspital) attended the delive an May 20 (xx) (we) (did) (datast) view	the body after de	eath.	annon vegin	acconed an me	wate alla lioi	or and fidminie
	Ì	22b SIGNATUR	11 10)	ATTENDING -	MED	STAFE 22	t DATE SIGNED	
	l		1 notes	DEGREE	PHYS L	DIRECTOR .	STAFF XXX	May 24	, 1968
		22d. PHYSICIAN'S NAME (Type)		_	22e ADDRESS			-34-1 (Ch assaults
		Berna	rdo Alvarado, M		Prince Geo				
	23a	BURIAL, CREMATION, REMOVAL (Specify) 23b. D		E OF CEMETERY OR C	REMATORY eneral Hosp		ON (City or Town)		Marmland
ŀ	24	FUNERAL DIRECTOR		RESS _				R S SIGNATURE	
	0	HARRY W. PENN				UN 6	1968 REGISTRAL	ionles	Judge
ı	4	4/-		//	WHILE		111		1 11 1-

...

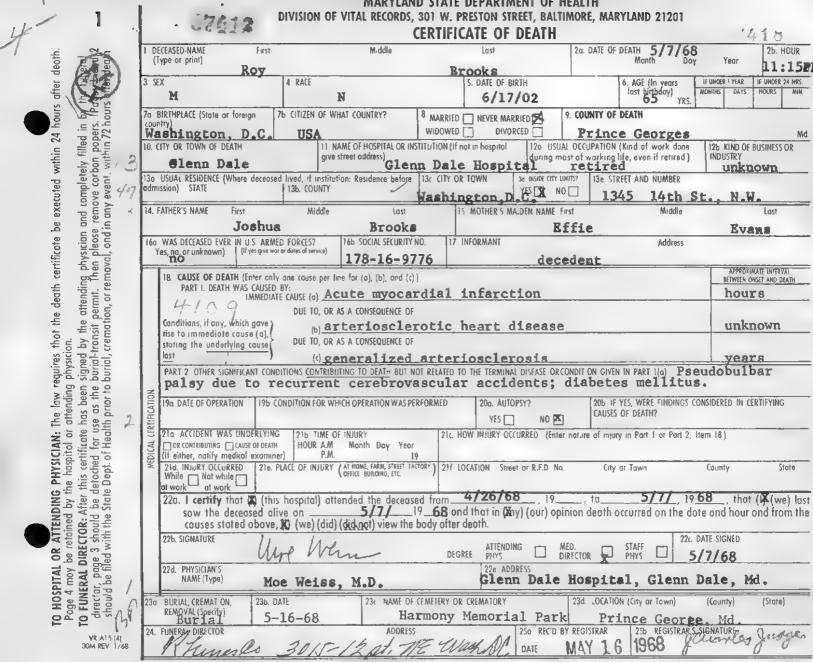
1	1	1	7527	D	IVICION OF			DEFAKIMI DESTAN STE			ARYLAND 21201		>
1			m. dd/ m. /					ATE OF		IIIIQKL, III	MARITAND 21201		* 4 1/2
	. ~ .	1 D	Item 8%6 Film#	fG) _j (rst	01.5/31	/68 km Middle	CERTIFIC	Last	DEATH	20 DATE	OF DEATH		2b HOUR
	haurs after death			arı	rie.	E.	Rr	andfor	1	May	Month	Day 1968 ear	3:10PM
	D 25 5	3. SE		, C. I.	4. RACE	2,	- 21	S. DATE OF BI		riay	& AGE (In years	IF JINDER 1 YEAR	IF UNDER 24 HRS
	E Par		emale		Negro			2/22			68 pindidah) Ak	MONTHS DAYS	
	S 22 5		BIRTHPLACE (State or foreign	7		/HAT COUNTRY?	[8. 44 ppicp.]			9. COUNTY	710	3.1	
		copi	aryland	- "	USA		WIDOWED	NEVER MAR	CED []				44.1
	경(교통기		TITY OR TOWN OF DEATH			NAME OF HOSPITAL OR IN	1			AL OCCUPATI	e Georges ON (Kind of work dan	e 12h, KIND O	F BUSINESS OR
	a withir etch fill arbay it, with		everly		give P ri	street address) .nce Geo.Ge	n'1 He	spital	during m	ast af warki	ng life, even if retired		30311233 011
	plet cor ent,	ladm	USUAL RESIDENCE (Where decision) STATE	eased	lived, if institu	itian: Residence befare	13c. CITY OR	TOWN	13d. INSIDE CITY (STREET AND NUMBER		
	and cample remaye con n any even	M	aryland			Georges	Lanha		YES N	_ 90	17 Varnum	St.	
	and rem		ATHER'S NAME First		Middle	Last	15	MOTHER 5 MA			Middle		Last
	n a se i		arles Snow						Johr	ison			
	physician (physician (en please aval, and ii		WAS DECEASED EVER IN U.S. / es, na, or unknown) (If yes g	ARMED ve were	FORCES? r detes of service)	16b. SOCIAL SECURITY	NO. 17 1	NFORMANT c. Cha	rles	A. B	randford.	-9017 V	arnum
	the law requires that the death as aftending physician. has been signed by the aftending se as the bur al-transit permit. The hypriar ta bursal, crematian, ar rem		Canditians, if any, which governse to immediate cause (a stating the underlying causelest PART 2 OTHER SIGNIFICANT	ve) i). (se) COND! YING	DUE TO, OR (b) DUE TO, OR (c) TIONS CONTRIB	AS A CONSEQUENCE OF AS A CONSEQUENCE OF UTING TO DEATH BUT IN THICH OPERATION WAS POOR INJURY	Clericy Construction Control Control	20a. AUTO	PSY?	20b CAU	Descre Descre IVEN IN PART 1(a) IF YES, WERE FINDING ISES OF DEATH? INJURY IN PART 1 at Port	S CONSIDERED IN	CERTIFYING
•	OR ATTENI be retained DIRECTOR: A e 3 shauld e 3 with the	MEDICAL	(If either, natify medical exa	this dive,	haspital) at e an May (we) (aid)	(AT HOME, FARM, STREET FA OFFICE BUILDING, ETC.	ed fram 19 .68 , and bady after	ATTENDIN PHYS 22e. ADD	, 19 k) (aur) ap	68_, ta_ inian deat		2c DATE SIGNED	6P
	TO HOSPITAL Page 4 may Page 4 may TO FUNERAL I GITTAL STATE STATE SHALL	24.		/\@w	4/68	Carro	Lls Ch	crematory apel	Churc	730 LOCA H Mi	AT ON (City or Town) Ltchellsv 25b REGISTRA	((aunty)	(Stote) Maryland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR DECEASED NAME rours after death (Type or print) Month Brewer :40A Α. Mav Grace 6. AGE (In years Last birthday) IF UNDER 1 YEAR 3. SEX 4 RACE S. DATE OF BIRTH MONTHS 2/11/96 Caucasian Female. 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country lary land U.S.A. Prince George's WIDOWED IX DIVORCED [ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 filled 120 USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR Prince Geo. Gen. Hosp. during most of working life, even if retired.) Elevator Operator INDUSTRY carbon Ofc Bldg Cheverly 3g. USUAL RESIDENCE (Where deceased lived if institution; Residence before 113c CITY OR TOWN 13d. INSIDE CITY JAM TS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY 1407 Alberta Drive Prince Geo Forestville Maryland inony M-ddle IS, MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Lost Fifst Joseph Nelson Alsquith Esther Ellen Dove physicion (ien pleose or removal, and 16b SOCIAL SECURITY NO 17. INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, at unknown) Elizabeth E. Hoar Rt #1 Box 292 Grottoes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y. Cardiac Tamponade buriol-transit permit. buriol, cremation, or ri IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Myocardial Infarction rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last Rupture of Myocardium PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Hypertensive coronary arteriosclerotic heart disease. director, page 3 should be detached for use as the 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING hos CAUSES OF DEATH? YES 🔽 NO | Yes TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Mat while 1968, to May 25 . 19.68 , that (I) 1670 last 220 I certify that (I) (tencourseited) attended the deceased from... saw the deceased give on May 25 19.68, and that in (my) (89) opinion death accurred an the date and hour and from the courses stated above, (I) (we) (did) (did) (did) (did) (did) (view) (view) the body after death 22c. DATE SIGNED: 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN S 3308 Dodge Park Rd., Landover, Md.20785 NAME (Type) Max M. Herzberg, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230. 8LR AL, CREMATION, 23b DATE Suitland PG Maryland 5-29-1968 Washington National 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Robert E. Wilhelm Funderal Home 2Sq. REC'D BY REGISTRAR 1968 4308 Suitland Road Suitland Maryland

MAKILAND STATE DEPAKIMENT OF HEALTH







1	1 t	tem # /a & /0 IIII # MARYLAND STATE DEPARTMENT OF HEALTH	
	5	5/31/68 en DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	*
HEALTH DEPT.		DECEASED NAME First Middle Lost 2a DATE KNOWN Month Day	Year 25 HO.
200/10	((Type or Print) James Perry Brumbaugh ar DEATH MATED 5 18	1960 7:3
5m & 124	3 5	SEY IA DACE IS DATE OF DIDTH IA ACE TO THE PROPERTY DEAD OF THE DEPONDENCED DEAD	2d. HOU
deloy and 3 y	ľ	ast birthdoy) MONTHS DAYS HOURS MIN March Day	10 7:31
A A			19 00 10-1
- E 3		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
# See 1#		OUTO APPLY MIDDAED DIANKED LITTLE GOLGES	J.
8. Give Poges olong with the State	10. (OF BUSINESS OR
he de	(Cheverly give street oddress) congets Ceneral Hosting most of working life, even if retired) INDUSTRY Was	h. Post
offer death 8. Give Pog olong with with the Sto leath	130	O JSJAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER	II+ PUSI
s often 18. Gien olong with death	0	odm ssian) STATE id. 13b. COUNTY P.G. Clenn Dale VES X NO Box 153 Clenn Dale	1.0.1d
hours Item 18 Office Tond 2	14. (FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	last
hours Item 18 Office Jond2			kinson
22/ in ir es es	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	KINSUN
be executed within "pending" in pencil nief Medical Examine ansit permit File pagevent within 72 hau		(Yes, na_ar unknawn) [(II yes give war or dates of service)	
l be executed with 1 "pending" in per hief Medical Examransit permit File prevent within 72 l	_		s above
ed in E		18 CAUSE UP DEATH (there only one cause per une for (a), (b), and (c)	PROXIMATE INTERVAL VEEN ONSET AND DEATH
be execute "pending" ief Medica nsit permit		PART I. DEATH WAS CAUSED BY IMMICIATE CAUSE (a) Heart Failure	
Me		4/29 DUE TO, OR AS A CONSEQUENCE OF	
be ''pe iief insii		(anditions, if any which gave) (b) Arteriosclaratic Teart, Dise se	
ould vord he Ch ial-tro		rise to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shou e wo the runal		lost. (4 7 1 1 3	
This certificate should be ecate, writing the word "pei be forwarded to the Chief i be used os o bunal-transit or removal, and in any ever		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(g)	
This certificate ficate, writing the be forwarded to de be used as o b or removal, and			
ritir ard d o Vol.	NO	Diabetes Mellitus (over ten years) 190. DATE OF OPERATION 120 195. COND TWO FOR WHICH OPERATION 20	AUTOPSY?
Cel USe USe	3	WAS PERFORMED?	
ER: This certificate, outd be fores.	CERTIFICATION		AE2 🔲 NO 🔀
d b			
IINER: Time certifice should by files. 3 should a should by a should by a should by a should by the should be should by the should be should by the should be should b	MEDICAL	CAUSE OF DEATH P M 19	
AIN she mat mat	×	The state of the s	State
XAM ute th your your Poge crem		WHITE NOT WHILE TOUTORY, Office building, etc.)	
y, please execute the certifical director. Page 4 should be retained for your files. (AL DIRECTOR: Page 3 should prior to burial, cremation,			d in my apinia
CAL exe exe d for TOI		death resulted from: Notural couses X Accide , Suicide , Hamicide , Undetermined manner	a in my upino
bica blease ex director. etained birecto		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
please I directo retained DIREC		ACTUAL CHIEF MEDICAL EXAMINER CONTROL DATE SIGNED	
Y. Y. Y. Parice real		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED	
		EXAMINER'S DEPUTY MEDICAL EXAMINER \(\text{\tin\text{\texi}\text{\text{\text{\texi}\text{\text{\texict{\text{\text{\texi}\tinz{\text{\texicr{\texit{\texicr{\texicr{\texict{\texicl{\texi{\texi}\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi	
necessory, p the funeral may be re may be re to FuneRAL Heelth prior		NAME (Type) John/Kehoe N.D., Liverdale, Limiland ADDRESS(Street, city, town, or county)	
TO D the 5 m 10 Fu	230	BUR AL CREMATION / 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County)	(State)
		Burial 5/21/68 Mt. Tunnel Cemetery Elizabethtown	Pa.
	24	FINERAL DIRECTOR	F
VR A15ME (5) 10M REV 1/68		F. GASCH'S JONS HYATISVILLE, MARYLAND DATE MAY 2 2 1968 follower	a Judge

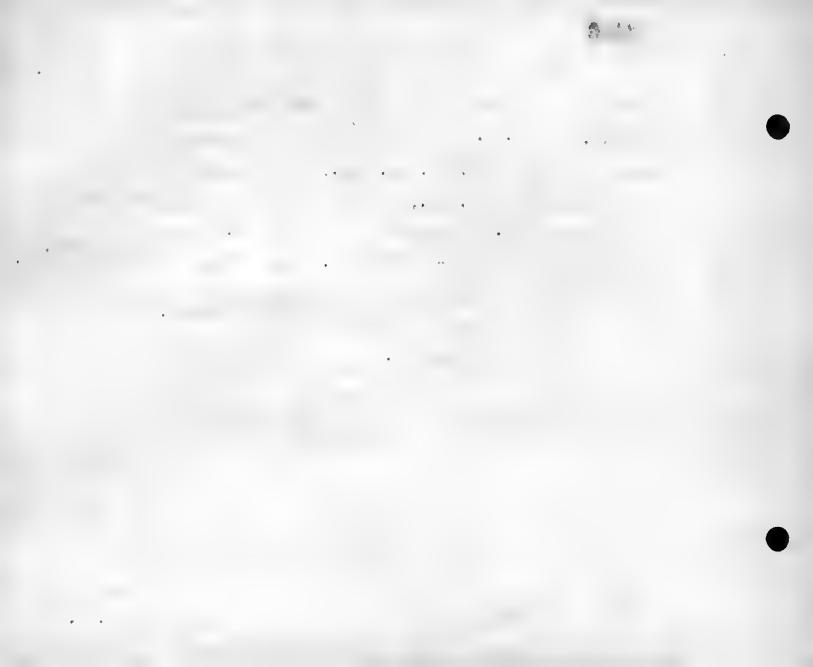
1	17-	12-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	, , , , , ,
HEALTH DEPTY		ECEASED NAME First Middle Lost 20 DATE KNOWN Month	Doy Year 2b HOUR
any delay is 2, and 3 to PM3. Page	'	Type or Print) Solomon David Burton Death MATED 5-3	-68 19 6:00pm
P 2 3 4	3 5	EX 4 RACE S DATE OF BIRTH 6. AGE (in yours 16 LNDER 1 YEAR 16 LNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
PM3. Popular		ale Hegro 3-25-1968 YRS 1 5	68 19 7: B5pmm
еро		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
farm farm te D		Cheverly, P.G. C. W.S.A. WIDOWED DIVORCED Prince George's	Md
Pog the Sta	1D. (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done gave street address). 12 USUAL OCCUPATION (Kind of work done during most of working fe, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
ofter death. 8. Give Pages I, olong with farm with the State De Jeoth.		heverly Frince George Hospital	PHO O 1 KS
s ofte 18. Gi 19. Gi 19	130	LSUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CHY OR TOWN 3d MISDE CITY LIMITS? 13e STREET AND NUMBER	
715 ce	<u>la</u>	dmusson) State Prince George Brentwood VES NO 3911 Webster	
4 hours n Item 11 s Office s land 2	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Mazie Burten	Lost
within 24 hours after deather pencil in Item 18. Give Pages caminers Office along with far te pages 1 and 2 with the State 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dotes of service) 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
should be executed wit e word "pending" in pe the Chief Medical Exan urial-transit permit. File in ony event within 72	F	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
executed nding" ii Medical permit. nt within		PART I. DEATH WAS CAUSED BY Pulmonary edema and congestion	DELWICK ONSEL AND GEALT
exer mdir Mec nt v		DUE TO, OR AS A CONSEQUENCE OF	
be "pe inef		Conditions, if ony, which gove) (b) SDII Etiology undetermined	
ord		nse to immediate couse (a), Statisting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be end word we word we to the Chiefund of transit in ony ever		last. (c)	
ficate ing Haded ided it one a	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certification of the control of the certification o	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	2D. AUTOPSY?
his date, le for be u	Ě	WAS PERFORMED?	YES 🔀 NO 🗌
Throat de be		216. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Doy Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, it	em 18)
INER: Te certifice should be files. 3 should action, or	MEDICAL	CAUSE OF DEATH P.M. 19	
MINER: This the certificate, 4 should be four files. e 3 should be usen files.	N.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street white not white foctory, office building, etc.)	County State
bical Examiner: se execute the cert ctor. Poge 4 should ned for your files. ECTOR: Poge 3 shou		AT WORK L.I AT WORK L.I	
CAL EXA execute or. Poge of for you TOR: Pog		22a certify that I took charge of the remains described above, held an Autopsy 🖾 , Inspection 🗵 Inquiry 🔯	
Se e cross		death resulted fram: Natylai cayses 🗵, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner	
please I directo retained I DIREC		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF C	4444
Y,		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L.	
necessary, please execute the certification of the funeral director. Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health prior to buriol, cremation.		EXAMINER'S NAME (Type) John Kehoe MD Riverdale ADDRESS (Street city, town, or county)	5-6-68
To To He	230	BURIAL, CREMATION / 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Suitland Md.	(County) (Store)
XX.	24.	FUNERAL D RECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR S	SIGNATURE
VR A15ME (5) 10M REV 1/68		Hoffman Funeral Home 909 6 Street N.W. DATEMAY 1 3 1968 folian	iles Judge
11-07432	_		

- 100 miles

..

·· In the second of the second

1	1		DIVISION OF VITAL RECORDS	C SUL M DDECLUM CLDE				
		37636	DIVISION OF THAL RECORD.	CERTIFICATE OF D		MARTLAND 21201		2 i
= (Ne		ECEASED-NAME First	Middle	Last		ATE OF DEATH		2b. HOUR
2 2 2	(1	ype ar print) ROY	7 H	Burwell		Month Doy May 19	19 ⁷ 68	2.35AM
5 2 5	3. SI		4. RACE	S. DATE OF BIRT	TH TH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
by the		Male	Negro	1 Ma	ay 1901±	last birthday) 67 YRS.	MONTHS DAYS	HOURS MIN,
A TO STATE OF THE	7a.	BIRTHPLACE (State ar foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED K NEVER MARRI		TY OF DEATH		
4 1 1 2 E	COUL	"Yançyxille	U.S.	WIDOWED DIVORCE	ED Prin	ceGeorges		Md
in Political in 2	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR give street address)	INSTITUTION (If not in haspital	12a, USUAL OCCUP.	ATION (Kind of work done irking life, even if retired)	125 KIND OF E	BUSINESS OR
Son	_c	heverly	Pr. Geo. (Gen. Hosp.	Mecha	mic	INDUSTRI	
ted cor cor		USUAL RESIDENCE (Where deceas issian) STATE	sed lived, if institution. Residence before 13b. COUNTY		HES NO NO	3e STREET AND NUMBER		
com tove y ev	-	Maryland	Pr. Ceo.	Fairmont Hets		1119 60th	Street	
ond rem	4,	ATHER S NAME First	Middle Last	IS MOTHER'S MAIL		Middle		Last
e bi	360	William WAS DECEASED EVER IN U.S. ARM	H. Burw MED FORCES? 16b. SOCIAL SECURIT		lie A.	Bigalow	40 (0)	1 1
ficot ysici ple al, o	100	es, no, ar unknawn) (If yes give w	rar or dates of service) 572-01-		zie Bury	Address 1 Fair	19 60t mont H	n. Ave
certi ph hen nov	-		ly ane cause per line for (a), (b), and (AN CONTRACTOR	VEII 2022	APPROXIM	ATE INTERVA
oding t. T		PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (a) Hepatic fa	iluwa dua to c	irrhoeie	of liver with	BETWEEN CO	ISET AND DEATH
dec ormi ermi n, au		IMMEDIA .	DUE TO, OR AS A CONSEQUENCE C					
the chip of the cotion		Canditians, if any, which gave)		edema and cong				
thot in. by it ans rem	L	rise to immediate couse (a) (stating the underlying couse(DUE TO, OR AS A CONSEQUENCE C					
sacio sacio ed I of-tr		iast	(c) Cardiomega					
The law requires that the death certificate be executed within 24 attending physician. has been signed by the attending physician and completely filled se as the buriot-transit permit. Then please remove carbon paper th prior to buriol, cremotion, ar removal, and in any event, within 72	1	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE OR CONDITION	GIVEN IN PART (a)		
law re ending s been as the	No.	2610						
AN: The law rall or attending all or attending icate hos been for use as the Heolth prior to	CERTIFICAT	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS		11	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CE	RTIFYING
AN: The all or att icate ho for use Health f	ERTH	2 g ACCIDENT WAS UNDERLYIN	NG 215 TIME OF INJURY	YES X	NO [of injury in Part 1 or Part 2, I	10)	
for He He		OR CONTRIBUTING CLAUSE OF DEAT	THE HOUR AM Month Day Yes		KKED (EPIER NOTUTE C	o Empury in Part Ear Part 2, i	Iem 16.]	
rsic rerti hed t. af	MEDICAL	(If either, natify medical examinated INJURY OCCURRED 21e	P.M. PLACE OF INJURY (AT HOME FARM STREET, OFFICE BU JOING FTC.	FACTORY) 21f LOCATION Street	or R £ D. No.	City or Tawn	Савяту	State
TENDING PHYSICIAN: ined by the hospital or NR: After this certificate build be detached for u the State Dept. af Heol		While to Not while at wark at wark	OFFICE BUIDING ETC.	/ 211 20011-011 31001	41 167 5 114	arry at 1 arres		4.410
NG by th ter t te d		220. I certify that (I) (th	is haspital) attended the decec	sed from		0, 19_	, that	(I) (we) ast
NDI Sed be lid bi		saw the deceased a	live on	$(19_{}, and that in (mv)$) (aur) apinian de	ath occurred on the da	te and bour o	and from the
TOR HE		226 SIGNATURE	e, (I) (we) (did) (did not) view th	e body after death.		77, 1	ATE SIGNED	1-
OR ATTENI be retained DIRECTOR: A ge 3 should		220 SIGNALORE	3 H + 1200	DEGREE PHYS	MED	STAFF DIS	1201	60
AL C L DI filer		22d. PHYSICIAN'S		22e. ADDRI		7	/	
ERA ERA or, p		NAME (Type)						_
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	23a	BURIAL, CREMATION, 23b	DATE 234. NAME 0	F CEMETERY OR CREMATORY		OCAT ON (City or Town)	(Caunty)	(State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	L			A			N. C.	
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRE	1100	2So. REC'D BY REGIST	1000 0014	SIGNATURE	edge.
30M REV. 1/68	U	eller W.L	Daroford 162.	2-11, ADC	DATE ALIV 2	2 1968		(/



1		37617		301 W. PRESTON STREET, BAI		
•		64875		CERTIFICATE OF DEATH		37422
and 2 death.		ECEASED NAME First Type or print) Com	Middle aldine	Lost Butler	2g. DATE OF DEATH Month Day	Year 2b. HOUR
2 2 2	3 5	Gel	4. RACE	S. DATE OF BIRTH	May 29	1968 12, 204
hours afte			White		6. AGE (In years lost birthday)	MONTHS DAYS HOURS MIN.
	7a	FemalE BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	3 Feb. 1	912 56" YRS. 9. COUNTY OF DEATH	
	ÇOL	ntry) N . 9 .	U.S.A.	B. MARRIED X NEVER MARRIED DIVORCED DIVORCED	PrinceGeorges	Md
	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120 US	HAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
.4	L	Cheverly	give street oddress) Prince Geo	rge Gen. Hosp.	most of working life, even if retired.) HOUSE WILE	INDUSTRY 110mc
	13o adr	USUAL RESIDENCE (Where deceos	ed lived, if institution Residence before 13b. COUNTY	13c CITY OR TOWN 13d. INSIDE CITY YES	13e. STREET AND NUMBER	
	-	Maryland FATHER'S NAME First	Pri. George	s Bowle	12103 Tuli	p Grove Dr
	14	James Il Hiemine	Middle Last	1s MOTHER'S MAIDEN NAME Isabelle Hay		Last
	160	WAS DECEASED EVER IN U.S. ARM	IED FORCES? 166 SOCIAL SECURITY		Address	Ald-
		Yes, no, or unknown) (If yes give w	ar or dates of service)	Richard J Sne	U., Son 12103 Tulip	Grove Pr., Bowie
		1B. CAUSE OF DEATH (Enter on	y ane cause per line far (o), (b), and (c) BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE!) BY: ITE CAUSE (a) UNION	nontonia		1-2 month
		19-11	DUE TO, OR AS A CONSEQUENCE OF	Sam.	,	
		Conditions, if ony, which gove to immediate couse (o), ((b) mma	of site und	spor	
	П	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1		
	П		(c)	OT RELATED TO THE TERMINAL D SEASE OF	R CONDITION GIVEN IN PART 1/a)	
	_	1 Dine	Time anguaran	Allerta	a construction of the contract	
	ATIO	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	REARMED 200. AUTOPSY?	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
X	CERTIFICATION			YES NO [_	
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEAT		21c HOW INJURY OCCURRED (En	ter noture of injury in Part 1 or Port 2,	Item 18.)
	MEDICAL	(If either, notify medical examin	ner) P.M. 1	9		C
	-	While Not while of wark at work	OFFICE BUILDING, ETC.	CTORY, 21f LOCATION Street or RFD N	Na City or Tawn	County State
	П	22a certify that (I) (the	s hasnital) attended the deceas	ed fram 19.	66 to 5-29 19	69 , that (I) (we) last
	П	saw the deceased a	ive an5-29	ed fram	pinian death accurred an the do	ite and haur and from the
	П	22b SIGNATURE	, (I) (we) (did) (did not) view the	bady affer death.		DATE SIGNED
	П	220 SIGHATORE	OLO Edaven	DEGREE PHYS	MED STAFF DIRECTOR PHYS DIS	7-25-6V
	1	22d PHYSICIANS	55.00	22e ADDRESS	10 14	1/ 1/2/1
The second	L	NAME (Type)	4D CENERE	V Mil. Prince	Henryer Plaza,	Hystlanly My
	230	BURIAL CREMATION, 23b		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	24	PEMOVA (Specify)	0/3/68 Prosp.	ect Hill Cemetery	BY REGISTRAR 256 REGISTRARS	SIGNATURE
68	4	732 Ga Ave L. W.	D. W. Son My	ral, Home. 250 RECD		
	Ĺ		- IV / Cells	THURSDAY DAIL	0 1 1000	



	Ī		2世代10	DIVISION O	F VITAL RECORDS,				ARYLAND 21201		19
f.			からあての			ERTIFICA	TE OF DEATH	<u> </u>			Se C7
r .	€ =2€ €		.1	irst	Middle		Last	2a. DATE	OF DEATH	Your Vone	2b. HOUR a
	deoth ond 2 death.		па	arry	J _e sepl	<u> </u>	anvin		May) ⁰⁹ 17 Year	968 8:30
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death e hospital or attending physicion. It is certificate has been signed by the attending physician and cample of filterial prints funeral stacked for use as the burial-transit permit. Then please remove carbon pages, Peres, and 2 Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 hour, attended the death is a first or burial.	3. SE		4, RACE		5	DATE OF BIRTH		6. AGE (In years last bythday)	IF UNDER 1 YEA	
			Male	Whi			12-28-90		f yr		Troons may
	no d	70. B	IRTHPLACE (State ar foreign	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED [3	NEVER MARRIED	9. COUNTY			
	T Z Z		New York	U. S	. A.	WIDOWED		Princ	ce Georges		Md
		10. C	ITY OR TOWN OF DEATH	11.	NAME OF HOSPITAL OR INS e street address) ugene Lelan	TITUTION (If not	in hospital	SANT-OFCFLAII	ON (Kind of work done	12b KIND	OF BUSINESS OR
	* * * * * * * * * *		Riverdale	E	ugene Lelan	d Memor	rialHosp.M	achine	Operator	W.'S	. s. c.
	ent,	13d admir	USUAL RESIDENCE (Where decession) STATE Md.	eased lived, it instit	ution: Residence before	13c, CITY OR T	OWN 13d. HISIDE CIT	Y LIMITS? 13e	STREET AND NUMBER		
	camplet ove car			Prince	Georges	Hyatts			742 Freder:	ick Hoa	<u>d</u>
	ote be executed ician and campled lease remove car and in any event	14. F	ATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN NAMI		Middle	_	Last
	se la		Henry		Canvin'			Ida		T	urner
	ertificote b physician nen please laval, and i	160. Y	WAS DECEASED EVER IN U.S. es, no, or unknown) (Ityes of W	ARMED FORCES? ive war or dates of service)	16b. SOCIAL SECURITY N		ORMANT		Address		
	phy en l		es, no, or unknown) (If yes of W	<u>W 1</u>	213 38 12	JOA V	Vife/Medica	.1 Reco	rd		
	equires that the death certifice physicion. signed by the attending physi burial-transit permit. Then plburial, cremation, or remaval,	Ш	18. CAUSE OF DEATH (Enter	only one cause per	line for (a), (b), and (c)	15				BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
	eath eath nit.	П	PART I, DEATH WAS CAI	USED BY. Ediate Cause (0)	@ 1 hos	when	~ + CC	nen		200	1/2
	office d	П	1538		R AS A CONSEQUENCE OF			11	11	U	
	t the sit		Conditions, if any, which go use to immediate cause (i	(b)	Carcin	in w	ne	ARDI	the b	lener	algra
	te fay a.		stating the underlying cou	se DUE TO, OR	AS A CONSEQUENCE OF		0.0.			19	co ·
	ries /sici iol-liol-liol-liol-liol-liol-liol-liol		last.	(c)	Corcer	- Carl	- Colo	Y			
	equ phy sign bur	П	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIE	BUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE C	R CONDITION G	VEN IN PART 1(0)		
	w r ling ling een the r to	NO.	1-01								
	JING PHYSICIAN: The law re by the hospitol or attending (frer this certificate hos been be detached for use as the State Dept. of Health priar to	CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR W	VHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	CALL	IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED IN	I CERTIFYING
	로 프 등 왕투 X	ERT	AL ACCIDENT WAS UNDER	VINC In The		In	YES NO				
	AN: of o		21a ACCIDENT WAS UNDER			21c. HOY	V INJURY OCCURRED (E	nter nature of i	njury in Part 1 or Port :	2, Item 18.)	
	Soft Spit Spit Spit Spit Spit Spit Spit Spi	MEDICAL	(If either, notify medical ex-	ominer) P.M	1, 19						
	S PHYSIC the hospit this certited detached e Dept. of		21d. INJURY OCCURRED :	le PLACE OF INJURY	(AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	10RY.) 21f. 10C	ATION Street or R.F.D.	No. (ity ar Tawn	County	Stote
	o		While Not while at work	411 1 111				1747	202	200	
	Store Store	Н	22a. I certify that (i) saw the deceased	(this haspital) at	Itended the decease	d from	, 19	pinian doat	h accuracy on the	19 <u>68</u> , th	iat (I) (we) last
	ATTENDING stoined by th CTOR: After 1 should be de ith the Stote	П	causes stated abo	ve. (I) (we) (dic	l) (did nat) view the l	adv after de	eath.	ibiiiiaii aeai	ii attonea on file	aare ana na	or and Iram ine
	OR ATTENI be retoined DIRECTOR: A je 3 should ed with the	П	22b. SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			-0.40	22	c. DATE SIGNED	
	\$ 2	П	Dan	-Ma	12	DEGREE	ATTENDING PHYS	DIRECTOR [STAFF C	5-12	-6 F
	A L D D D D D D D D D D D D D D D D D D		22d. PHYSICIAN'S				23e. ADDRESS		Rd., Blader	,	W1 00570
	SPITAL 4 moy IERAL or, poc d be fil		NAME (Type) Day	ton O. Wa	tkins, M. I	•	5318 Anna	polis .	Rd., Blader	nsbur y ,	Ma.20710
	TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be constructed by the state of th	2 3a		Bb. DATE	23c. NAME OF		REMATORY	23d. 10C/	TION (City or Town)	(County)	(Stote)
	5 5 € 2 V	E	SEMPYAL (Ipecity)	5/20/68		incoln			ar Manor		Md
	VR ALSTA		FUNERAL DIRECTOR		ADDRESS		2So. REC'	BY REGISTRAN	25b REGISTRAJ		Judge
	30M REV. 1. 18	F	rancis Gasch	1's Sons	Hyattsville	Md.	DATE	WIAI Z U	1968 110	ciery o	7 7
					4-						

MARYLAND STATE DEPARTMENT OF HEALTH



1		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTS			
L	37819		CERTIFICATE OF DEATH		37424	
1.	DECEASED-NAME First (Type or print) John	Middle	Lost Cartledge	2a. DATE OF DEATH May Manth Day	,1968 9:05 _{p.M}	
3.	SEX Male	4. RACE Negro	5. DATE OF BIRTH 6-11-1900	6 AGE (In years lay withday)	IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS CAYS HOURS MIN	
CC	iontry)	7b. CITIZEN OF WHAT COUNTRY?	MARKIED METER MARKIED	9. COUNTY OF DEATH		
10	outh Carolina COLY OR TOWN OF DEATH Clenn Dale (rura)	U.S.A. II NAME OF HOSPITAL OR INS give street oddress Glenn Dale	TITUTION (If not in hosp ta) 12a USUA	Prince Georges I. OCCUPATION (Kind of work dane staff working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
3	g USUAL RESIDENCE (Where decease missian) D.C.	od Ived, if 'nstitution: Residence before 13b. COUNTY	Washington YES NO		eet, N.W.	
14	FATHER'S NAME First John	Middle Last Cartledg	15. MOTHER'S MAIDEN NAME FO	rst Middle	Last	
1/	on. WAS DECEASED EVER IN U.S. ARM	0	NO. 17. INFORMANT	Address	?	
210	PART I DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON Pulmonary tubes	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	f the pancreas (bod metastases or related to the terminal disease orcinized arterioscleros		unknown	
LATINGTATIO	190 DATE OF OPERATION 196 OF 1	CONDITION FOR WHICH OPERATION WAS PE	YES K NO		es	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year er) P.M.		nature of injury in Part 1 or Part 2, I		
	While Not while	OFFICE BUILDING, ETC	<i>'</i>	City or Town		
	22a I certify that (1) (this haspital) attended the deceased from 12/6/, 19.67, to 5/2/, 19.68, that (1) (we) lost saw the deceased alive on 5/2/ 1968, and that in (1) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					
	22b. SIGNATURE	& Wen	DEGREE PHYS LL DI	ED. STAFF PHYS PHYS	DATE SIGNED 5/2/68	
	22d. PHYSICIAN'S NAME (Type) Moe	Weiss, M.D.		n Dale Hospital In Dale, Maryland		
L	BUR.A. REMATION, 23b REMOVAL (Specify) 5	111 / 1 2/14/	CEMETERY OR GREMATORY NONLY MENUPA.	230 LOCATION (CAY POR TOWN) A CHICAGO	ark, md	
124	4. FUNERAL DIRECTOR	75 4955 DOG	ne and 1/E DATE M.		arles Judge	



1	1				STATE DEPARTM				
1/1 / m	1	05200	DIVISION OF V	ITAL RECORDS, 3	01 W. PRESTON STI	REET, BALTIMOR	E, MARYLAND 21	201	
(IV)		0.4650			RTIFICATE OF				
11 - 2	1 D	ECEASED-NAME First		Middle	Last		DATE OF DEATH		2b HOUR
death death		[woo or print]			//		, Month	Boy Year	20 1000
		CLAR		KENT	CHAIMSO	N	MAY	7 17	684 A M
offer 1	3. S	EX	4. RACE		5. DATE OF BI		6. AGE (In ye	OF UNDER I YEA	
47 60	Н	FEMALE	WH	1778	DEC	2.6 18	last birthda		YS HOURS MIN
	7o	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT		MARRIED NEVER MAR		UNTY OF DEATH		
2 2 2		ntry)	11		MIDOMED DIAON	KILD [_]	0 /		** 1
in 24 in 24 pape	10	CITY OR TOWN OF DEATH	I G.T.	A	TUTION (If not in hospital		UPAT ON (Kind of world	dona Tigh V Min	OF BUSINESS OR
cuted within 2 mpletely filler ve carban page event, within				et oddress)	A /		Marking of the control of the contro	tired.) INDUSTRY	wn Home
ecuted with		LANHAM		NOLIA GAR	DENS NURS.F	TOME			wn Home
be ald control		USUAL RESIDENCE (Where deceos	ed lived, if institution 13b COUNTY		3c C TY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET AND NUM		
om cet	Guill	ission) STATE Md.	130 (00(11)	P.G.	Cheverly	YES 🖈 NO	2504 Lak	e Ayenue	- y
e executed withing and completely fremave carban in any event, with	14.	FATHER'S NAME First	Middle	Last	IS MOTHER'S MA	AIDEN NAME First	M	rddre	Lost
be ey and and in an		Archibal	ld Kent	Chaimson	?			Bal	mas
te iian and	Ióa	WAS DECEASED EVER IN U.S. ARA		b. SOCIAL SECURITY NO			Ad	dress	IIIas
ertificate b physician en please aval, and i		es, ne Gunknown) (19 yes give w	rar or dates of service)		Fred L.	Chaims	on Same a		
ph ph	<u> </u>								OXIMATE INTERVAL
re death cer attending p permit The		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)			line Day	Car Latara	<i>t</i>		N ONSET AND DEATH
arr arr		IMMEDIA	ATE CAUSE (a)	erebrel 1	chully t	levedon	/	24	lus
ne deat attend permit ian, ar r		11.4	DUE TO, OR AS	A CONSEQUENCE OF	A T	11 .			4
the sit p		Conditions; if any, which gove	763	are Die	5 Outers	reterior	ci	1 3	760022
hat n. y, t ans em		rise to immediate cause (a), stating the underlying cause(DUE TO, OR AS	A CONSEQUENCE OF			P	4.5	
equires that the physician. signed by the burial-transit burial, crema?		iost underlying couse	(0)	tener	ermed ar	Xeryozu	erosy	10	rear 1
uire hys gne grad		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTION	G TO DEATH BUT NOT	DELATED TO THE TERMINA	TINNO SO SEASON	ION GIVEN IN PART 1/a)		
by the haspital or attending physician. by the haspital or attending physician. first this certificate has been signed by the attending physician and cobe detached for use as the burial-transit permit. Then please remostrate Dept. of Health priar to burial, cremation, or removal, and in any	Н	*		error		L DISEASE OR CONDIT	on orest in that ital	24-lur	1
ow reding		19a. DATE OF OPERATION 19b.		OPERATION WAS PERF		DCV3	20b IF YES, WERE FIN	IDINGS CONSIDERED IN	CEDTIEVING
te la trenc as b as prid	CENTIFICATION	70. DATE OF OFERANOR	COMPINION TOK WINCH	OF EXAMINITED TO			CAUSES OF DEATH?	DINGS CONSIDERED II	CENTITINO
Se be at X		0) - ACCIDENT MAS IMPERIAL	10 (0) 71115 05 11		YES [NO 🗌			
S Cat	3	21 g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		IJUKY Manth Day Year	21c. HOW INJURY OCC	URRED (Enter notur	e of injury in Port 1 or	Part 2, Item 18.)	
⊇ ∄ = 5 =	MEDIC	(If either, notify medical exami	ner) P.M	19					
S PHYSICIA the haspital this certifical detached for e Dept. of H	×	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTOR	21f LOCATION Street	et ar R.F.D. No.	City or Town	County	State
De da Bis		While Not while of wark	1,01	THE POILUMO, ETC.	1		44		
N × ± × ± ± c d a t a t a t a t a t a t a t a t a t a		22a. I certify that (I) (th	is hasartal)zattene	ded the deceased	from 1000	1965	to they 6	19 61 th	at (I) (we) last
d b Afr	L	22a. I certify that (I) (the saw the deceased a	live an_ Thu	1 0 - 19	68, and that in (m	y) (aur) apinian	death accurred an	the date and har	ir and fram the
	1	causes stated gbave	e, (I) (ww) (did) (dj	thet) view the bo	dy after death. 🔌	,,,,,,	U		
A S C S E	1	22b. SIGNATURE -) / ///	11/1/4.1	62 111	ATTENIOUS	10 1 11 11 11	07155	226 DATE SIGNED	15 15
OR ATTENDIN be retained by DIRECTOR: Affer je 3 should be ed with the Star)[100	VI CV VOUL	er un	DEGREE PHYS	NG MED DIRECTO	R STAFF	May 7,	1968
7 × C 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		22d. PHYSICIAN'S NAME (Type)			22e. ADD	RESS		1 / "	
RA Mag		NAME (Type)							
Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled interped director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers should be filled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours	220	BURIAL, CREMATION, 23b	DATE	23c NAME OF CE	METERY OR CREMATORY	224	LOCATION (City or Tow	rn) (County)	(State)
P og en	B		10/68				, ,	(coniny)	' '
2 2			10/08	ADDRESS	enwood		Brooklyn	CTDAD'C CICHATURE	N. Y
VR A15 (4) 30M REV, 1/68		FUNERAL DIRECTOR	1 - C T			2So. REC'D BY REG	5 1968 X	ISTRAR'S SIGNATURE	udge
30M KEV, 1/68		Francis Gasch	es sons l	iyattsville	, Md.	DATE MAY 1	2 1000	1	~(1



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1.36
HEALTH DEPT.	1 [FEEASED NAME First Middle lost 2- Date Midwell A	Day Year 2b HOUR
N O O V		Type or Print) OF ESTI-	
100 100 100 100 100 100 100 100 100 100	3 5	EX 4. RACE S. DATE OF BIRTH 6. AGE IN YEAR IF UNDER 24 HRS. 20 DATE PROMOLINITED DEAD	2d HOUR
PM3. PP		ale Jegro 4-20-1910 58 YRS MONTHS DAYS HOURS MIN Month Day	68 19 12 : 43 mm
_3 'T = 9	70	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? IR MARRIED TVINEVER MADDIST TO GOUNTY OF DEATH	00 11 TY 371 ON
2000	€0 UI	Maryland W.S.A. WIDOWED DIVORCED Prince George 's TITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12a USDAL OCCUPATION (Kind of work dane)	Md
Stol	10.	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane	12b KIND OF BUSINESS OR
thours after death tem 18. Give Pages Office along with for 1 and 2 with the Stote offer death.		Riverdalc Leland Lemorial Hospital	INDUSTRY
of the safe	13a	LSUAL RES DENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
hours afte Item 18. Go Office alon: 1 and 2 with offer death			enue
hou literary Office office of the office of	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
thin 24 nicil in niner's pages hours	160	James Christian WAS DECEASED EVER IN U.S. ARMED FORCES? TIAL SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Redd
thin mine pag		es, no. of unknown) I (five this own of dates of service)	tsville
Exal Exal File	-	No None Mary Christian-4722 Rhode Islan	APPROXIMATE INTERVAL
uted g" " inti.		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: FLOATH (Enter only one cause per line for (a), (b), and (c).)	BETWEEN ONSET AND OFFITH MINUTES
wer Med Med per		PART I DEATH WAS CAUSED BY: MMCDIATE CAUSE (0) Heart failure DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over 24 days
per per ief i		Conditions, if any which gave	TVCI NA days
ord ord I-tra		rise to immediate cause (a) (b) DUE TO, OR AS A CONSEQUENCE OF	
Shou the in a		last. (c)	
the certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form tiles. In the should be used as a burial-Itansit permit. File pages land 2 with the State Be amotion, or removal, and in any event within 72 hours ofter death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iting iting arde d os al, c	₹	Fracture of left femur - 4-10-68	
wr wr Drwc Usec	FICATION	190 DATE OF OPERATION 196. COND FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This cate, see for the period of the period	CERT FI	t-15-00 tracente of reference.	YES NO X
n o di	S IS	PRIMARY TOP CONTRIBUTING THE HOUR A M	m 18.)
INER Shou Shou Shou Shou Otto		CAUSE OF DEATH DIM P.M. 4-10- 19 68 Fell at home 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
AM the the		WHILE MOT WH. E STATE WORK HORE HOME HOME Same as #13	caciny signe
necessary, please execute the certificate, writing the word "pending" in per the funeral director. Page 4 should be forwarded to the Chief Medical Exam 5 may be retained for your files. To Funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File Health prior to burial, cremotion, or removal, and in any event within 72		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinion
CAL CTO CTO Surris		death resulted fram National gauses (2), Accident (3), Suicide (1), Hamicide (1) Undetermined manner	7 1
please i directo retained to DIREC		CHIEF MED CAL EXAMINER	
ple oi d		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22b. DATE S	IGNED
EPUTY Blease estuneral director. ay be retained in Brector. IN ERAL DIRECTOR. Ith prior to bur.		EXAMINER'S DEPUTY MEDICAL EXAMINER SE	5-31-68
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr		NAME (Type) John Kehoe IID Riverdale, Md. ADDRESS(Street, city, town, or county)	
0 g # 2 0 T	23a		(Caunty) (State)
	24	narmony memorial Park Frince George, no	
VR A 15ME B			IGNATURE
10M REV. 1 88	ـــــ	ohn T. Rhines Co., Washington, D. C. DAKJUN 3 1968 Killer	** A T
1 10		•	

The same and the s

40.00

r

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Joseph Joseph 2b HOUR D 1. DECEASED NAME Middle Last 2a. DATE OF DEATH and 2 death. (Type ar print) Month Clements May 4. RACE IF UNDER 1 YEAR 3. SEX S DATE OF BIRTH AGE (In years requires that the death certificate be executed within 24 hours after 70 Male Caucasian MONTHS DAY5 HOURS Jan. 1, 1898 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🙀 NEVER MARRIED DIVORCED Sep U.S.A. Prince Georges Italv WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired)
Retired—Cab Driver signed by the attending physicion and completely fil burial-tronsit permit. Then pleose remove carbon p burial, cremotion, or removol, and in any event, with Frince Geo.Gen'l Hospital Cheverly 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY JMITS? 13e STREET AND NUMBER PHE LAREMO Prince Georges ND [Hyattsvilee 5118 Kenilworth Ave. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Anthony Clements Maidelino Marv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknawn) Yes 578-14-2744 Mrs. Elizabeth Clements (above addre (Nife) 18. CAUSE OF DEATH (Enter an y one cause per lyne-for (a), (b), and (c).) BETWEEN OWSET AND DEATH (OLONI PART I, DEATH WAS CAUSED BY. CONCINOUR IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause BART_2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT_NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) EANTFAILUKG DEUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to be a should be filed with the State Dept. of Health prior to be a should be filed with the State Dept. 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? CANCINGATOR Color. YES 🔲 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State Caunty While Nat while at work 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE 22e ADDRESS 22d PHYSICIAN 5409 Riverdale Rd., Riverdale, Maryland Albert Roth, M. D. 23d. LOCATION (City or Town) 23c NAME DE CEMETERY OR CREMATORY 23a. BURIAL, CREMAT ON, 23b DATE (Caunty) (State) REMOVAL (Specify)
Burial 2 Fort Lincoln Cem. Colmar Manor, Md. Funeral ADDRESMt. Rainier 250 RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Nalley's Maryland Home Inc. DATE

MAKTLAND STATE DEPAKIMENT OF HEALTH



MAKILAND STATE DEPARTMENT OF REALTH

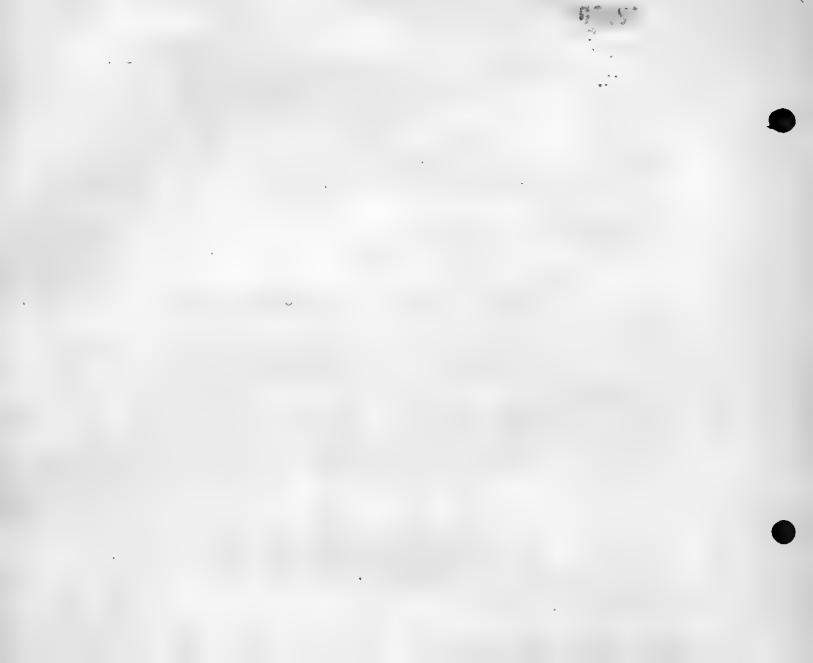


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle deoth 2o. DATE OF DEATH 24 haurs after death. (Type or print) 3. SEX 4. RACE S. DATE OF 6. AGE (In/yeors IF UNDER 1 YEAR 62 (-3- yrs DAYS MONTHS 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) RINCE WIDOWED DIVORCED [7] 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital give street address) Skeen beft be word during most of working life, even if retired.) 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR requires that the death certificate be executed within the attending physician and completely finist permit. Then please remave carbon INDUSTRY burial, crematian, or remaval, and in any event, wit Greenbelt Wash. Term. Yard Conductor 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 130 CITY OR TOWN 38 UNSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY
Pr.GOO Co odmission) STATE next- Wood YES NO T Place 14. FATHER S NAME Middle IS MOTHER'S MAIDEN NAME First **First** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no or unknown) 718-14-9743 Mrs Evelvn M. Cogle (above address CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove t burial-transit rise to immediate cause (a), signed by Page 4 may be retained by the haspital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to L has been for use as the 190 DATE OF OPERATION CONDITION FOR WHICH APPRATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** NO X YES [director, page 3 should be detached for use should be filed with the State Dept. of Mealth TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 20. HOW INJURY OCCURRED (Enter noture of miury in Port 1 or Port 2, Item 18.) HOUR A M. OR CONTRIBUTING CAUSE OF DEATH Month Doy P.M (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No City or Town State County While Not while of work 1950, to May 22a. I certify that (1) (this haspital) attended the deceased fram_ __1968, and that in (my) (aur) apinian death accurred an the date and hour and fram the May 2 saw the deceased alive on.... causes stated above (D) (we) (did) (did hat) view the bady after death. 22b-SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYS CIAN'S 22e ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Colmar Manor. Lincoln ort Gem Funeral ADDRESSMt. Rainier 2So REC'D BY REGISTRAR 2Sb. REGISTRAR S. SIGNATURE VR A15 (4) 30M REV. 1/68 Maryland Home Inc. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH A DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
ATE .		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. "	. }
DEPAT		CEASED NAME First Middle Last 20 DATE KNOWN Month	Day Year	25. HOUR
	-{	ype or Print) OF ESTI- □		00pm
	3 SI	X 4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD		2d HOUR
/	1	last burblody) MONTHS DAYS HOURS MIN MONTH Day	Year	
		Cemale Legro 11-28-1901 66 YRS. 5 7 IRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		25 mm
	coun	(TV)		44
	10 0	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done	125 KIND OF BUSIN	IESS OR
.7		give street address) during most of working life, even if retired.)	INDUSTRY	1,55 67
14		Sheverly Prince George Hospital SUAL RESIDENCE (Where deceased lived, furstitution: Residence before 13c (ITY OR TOWN 13d WISDE CTY UM. 152 13e STREET AND NUMBER	1	
		aryland Prince George College Park YES NO 4901 Navahoe	Street	
		NTHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost	
		D - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1	
	160	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS C.	AMER	
	{Y	25, np. of upknown) (If ves are wor or dates of service)	المركب المركب	Md
١	-		APPROXIMATE IN	TEOVAL
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY	BETWEEN ONSET AN	ND DEATH
		MMCDIATE CAUSE (a) Heart Tailure	minutes	
		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Conditions, if ony, which gove)	over 1	yr.
		rise to immediate cause (a).		
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
		lost. (¢)		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
	NO	4300		
	CERTIFICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?	
1	RTIF		YES 🗆	NO [3
ı		21d EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, I HOW A.M.	tem 18.)	
1	MEDICAL	CAUSE OF DEATH P.M 19		
ı	2	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. City or Town	County	State
4		WHILE NOT WHILE Toctory, office building, etc AT WORK AT WORK		
ı		220. I certify that I taak charge of the remains described above, held an Autapsy [7], Inspection [25], Inquiry [5]	and in my	apınıar
1		death resulted fram: Natyripil causes & Accident , Suicide , Hamicide , Undetermined manner		
ı		CHIEF MEDICAL EXAMINER		
ı		SIGNATURE 226 DATE	SIGNED	
			-8-68	
1		NAME (Type) John Kehod MD Riverdale, Md. ADDRESS(Street, city, town, or county)		
	230	BURIAL CREMATION. 236 DATY 236 NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (GITY OF TOWN)	(County) (Stat	rte)
		Removal (Specify)	N. VA	
	24	FUNERAL DIRECTOR ADDRESS DC 250 RECD BY REGISTRAS 40 250 REG STARRS		Las
	1-	SWOSHELD VC 4915 DOGA CON F DATE MAI 15 1908	and have	



	1		MAKTLAN	ID STATE DEPARTMENT OF	HEALIH	
Marine Marine		N. M. A. D. A.	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	•
(IVI)		2356		CERTIFICATE OF DEATH		** 3 £
E ESE	1 D	CEASED NAME / First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
death death	E	MAN HILDE	garde	COOK	may, Month 20 Day	1968 7 A.M.
E . E	3. 5	×Po 1. C	A. RACE	S DATE OF BIRTH	6. AGE (in years iast writiday)	FUNGER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
y tile	1	remale	O TOTAL		7 7 7 1113	
hou hou sir by sir. I hou	Ry	BIRTHPLACE (State or foreign ASH ING TON D. C.	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NIVORCED DIVORCED	9. COUNTY OF DEATH	P. Hom
nin 24 Filled pape pape thin 77	10	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (if not in hospital 120 US	SUA. OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
withi say fi	7	anham	give street oddress)	melia Harder during	most of working life even if retired	INOUSTRY
ecuted with completely ove corbon y event, with	13o	USUAL RES DENCE (Where deceased	lived, if institution; Residence before 13b. COUNTY	13c CITY OR TOWN 13d INSIDE CIT		
cecut com sove		Do Co	V		NO 27/1 30 5	3/3 E.
and and in or	14,	ARTHUR	Middle Lost Cook	15. MOTHER'S MAIDEN NAME	First Middle	FEEL E P
cion cion and	lóa	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY	NO 17 INFORMANT	SiSTER Address 4	5 CONN DIE NW.
The law requires that the death certificate be executed within 24 hours ottending physician. has been signed by the attending physician and completely filled in by the se as the buriol-transit permit. Then please remove carban papers. Path prior to burial, cremation, or removal, and in any event, within 72 hours		es, no, or unknown) (If yes give war	or dates of service)	MRS. HORACE K	ICHARDSON TWAS	HINGTON, D.C.
h ce ing I		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	ane cause per line for (a) (b), and (c)	1)		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
deot fend mit.		IMMEDIATE	E CAUSE (0) negr	culal infrace	Otr	2/
the at per		Conditions, if any which gave)	DUE TO, OR AS A CONSEQUENCE OF	relund in		2
hot th n. y the pnsit permatit		nse to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	y charten		result
quires that the physicion. Signed by the buriof-fronsit burial, cremat		last.	(c)			
sign buri		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART I(a)	
daw randing been s the lor to	×	7.				
The la ottens that be seens the prior	CEMPICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 200. AUTOPSY? YES NO	206. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
e be the second		210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		ter nature of injury in Port 1 or Port 2, 1	Item 18)
YSICIAN: Ospital or certificate hed far ust. of Healt	MEDICAL	OR CONTRIBUTING CAUSE OF OFATH	HOUR A.M. Month Day Year		and house or injury in contract of the	
his his cto Deg	WE		LACE OF INJURY (AT HOME, FARM, STREET FA	CTORY.) 21f. LOCATION Street or R.F.D. I	Na. City ar Town	County State
DING 4 by th After J be d	ı	22a. I certify that (I) (this	haspital) attended the deceas	ed from May 18, 19	68 to may 20, 19	6 8, that (I) (we) last
ATTENDING etained by th CTOR: After t should be de	L	saw the deceased ali causes stated abave.	ye an may 25 (we) (did) (did nat) view the	19 <i>_6_5</i> , and that in (my) (aur) a bady after death.	pinian death accorred an the da	te and haur and fram the
ATI etai.		22b. SIGNATURE		ATTENDING		DATE SIGNED
DIRI		5/1	Nich.	DEGREE PHYS.	DIRECTOR PHYS	Ay 70, 1968
TO HOSPITAL OR ATTENDING Poge 4 may be retained by TO FUNERAL DIRECTOR: Affred director, poge 3 should be should be filed with the Sto		22d. PHYSICIAN'S NAME (Type) DR	LEON LEVITS	124 MAGNOL	n Gds LANDI	M, MD.
HOS Dige 2 FUN FUN	23a	BURNAL (REMATION 23b. DA		CEMELERY, OR GREMATORY	23d LOCATION (City or Town)	(County) (State)
5-5-1	24	FUNERAL DIRECTOR	7722,1968 Ceda 1	HILL CREMATOR	BY REGISTRAR 25b. REGISTRARS	P.G.Co. Md.
OM REV TO			Sons 5130 Wisc. A		BY REGISTRAR 1968 SSb. REGISTRARS	ries Judge
		The foundation	Jajo nasoni	TIO S STORMET BY SO S THE		



MARYLAND STATE DEPARTMENT OF HEALTH 17427 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Iten#6,7a,7b,Film#GLOC 5/13/68km CERTIFICATE OF DEATH DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 968 Archibald Couper SEX 4 RACE IF UNDER 1 YEAR S. DATE OF BIRTH AGE (In years filled in by the papers. Pages 7/13/06 Male Caucasian he law requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign **7b CITIZEN OF WHAT COUNTRY?** 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED XX DIVORCED burial, crematian, ar remaval, and in any event, within 72 Ohio Prince Georges and campletely filled remave carbon pape 10. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Prince Geo.Gen'l Hospital during most of working life, even if retired.) INDUŞTRY Cheverly SAME 13a. USJAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY YES NO T Maryland 3213 Barnum STreet Prince Georges 14. FATHER'S NAME First M.ddle Last 1S. MOTHER S MAIDEN NAME First Lost ARMS TRONG WILLIAM COUPER MARY 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknown) [If yes give war or dates of service] 212 14 5189 MRS ISABELLE MACAFEE SILVER SPRIN APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: Generalized small bowel gangrene -IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit Thrombosis of the superior mesenteric artery. rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hasptral ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) for use as the b Health priar to b 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TXX NO [21a, ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached for State Dept. of H (If either, natify medical exominer) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street of R.F.D. No City or Town State Caunty While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram May 4, 19.68, to May 5, 19.68, that (we) last saw the deceased alive an May 5, 19.68, and that in (xxx) (aur) apinian death accurred on the date and haur and fram the director, page 3 should shaped be filed with the causes stated above (1) (we) did (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type James W. Harding Drince Georges General Hospital Cheverly 230 BJR AL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Tawn) (County) 0 VR A15 (4) 30M REV 1/68



Marketone 1		32200	DIVISIO	N OF VITAL RECORDS,			ET, BALTIMOR		ND 21201		
		2923				ATE OF D		•			133
± −2±		CEASED-NAME First		Mrddle		Lost	20.	DATE OF DEAT		V	2b. HOUR
death. neral and 2 death.	_	ype or print) Will		M		Davis		<u>May</u>	Month Doy	1968	5:40 4
haurs after death be in funeral cases of er death	3. SE	X Male	4. RACE	N		S DATE OF BIRT		6. Al	GE (In years t birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS M.N.
SE FRE	7. (Negro OF WHAT COUNTRY?	T o	10/26,		INTY OF DEAT			
	COUI	SIRTHPLACE (Stote or foreign latry) Georgia	U.S		o. MARRIED WIDOWED	NEVER MARRI		cince G			***
- 2 De-	10. (ITY OR TOWN OF DEATH	0.0	11 NAME OF HOSPITAL OR INS	TITUTION (If n	ot in hospital	120. USUAL OCC	UPATION (Kind	of work done	12b KIND OF	Md. BUSINESS OR
with the same of t		Glenn Dale		give street oddress Dale	Hospi	tal	during most of Retire	warking life, e Ed	even if retired.)	INDUSTRY	
PHYSICIAN: The law requires that the death certificate be executed within the haspital ar attending physician. This certificate has been signed by the attending physician and campletely the stacked for use as the burial-transit permit. Then please remave carbon public of Health priar to burial, crematian, ar remaval, and in any event, within the priar to burial.	13o odm	USUAL RESIDENCE (Where deceosission) STATE	d lived, if i	institution Residence before UNTY	13c. CITY OR Wash		NO NO	13e STREET A	AND NUMBER Otis St	L. N.E.	
exec d ca may	14	ATHER S NAME First	M;	ddle Lost		. MOTHER'S MAIL	DEN NAME First		Middle		Lost
be n an an		William	ı J	. Davis			Anni	Le		Colem	an
ficate be ysician c please ol, and ir	160. Y	WAS DECEASED EVER IN U.S. ARM es, no. or unknown) (If yes give w	ED FORCES? or or dutes of ser	teres		NFORMANT			Address		
phy:				257-30-58		Deceder	nt			APPRAY	MATE INTERVAL
he death ce e affending I permit. The		18. CAUSE OF DEATH (Enter online PART DEATH WAS CAUSED	y one couse BY	per line for (o), (b), ond (t). Acute myou) rardia	l infar	rtion			BETWEEN C	MISET AND DEATH
dea frenc frent frent frent		in / U , IMMEDIA	TE CAUSE (o)			, - 1 - 1				
the and it per ation		Canditions, if any, which gove	DUE II	O, OR AS A CONSEQUENCE OF Arteriosc	leroti	c heart	disease			Yea	rs
that In. by tl ans		rise to immediate cause (a),{ stating the underlying couse(DUE TO	D, OR AS A CONSEQUENCE OF							
quires that the physician. signed by the burial, cremati		last of		() Generalize						Yea	rs
equi phy sign buri		PART 2 OTHER SIGNIFICANT CON		NTRIBUTING TO DEATH BUT NO Losis, far ac			DISEASE OR CONDIT	ION GIVEN IN P	PART 1(0)		
ding ding the arto	NOL			OR WHICH OPERATION WAS PE		20o AUTOPS	(Y)	20b IF YES	WERE FINDINGS CO	ONSIDERED IN C	FRTIFYING
The law ratending attending has been se as the h prarta	CERTIFICATION					YES	NO X	CAUSES OF D			
N: T ar a are l are l ealti		210. ACCIDENT WAS UNDERLYIN		TIME OF INJURY	21c H		RRED (Enter notus	e of intury in I	Port 1 or Port 2, 1	Item 18.)	
ar First of	MEDICAL	OR CONTRIBUTING CAUSE OF CEAT (If either, notify medical examin	er}	P.M. 19	9						
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed value at may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 shauld be detached for use as the burial-transit permit. Then please remave cark should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event,	W	21d IN.JRY OCCURRED 21e. While Not while of work	PLACE OF IN	DURY (AT HOME FARM STREET, FAC OFFICE BUILDING, ETC.	(TORY.) 21f, LC	OCATION Street	or R.F.D No.	City or To	ewn .	County	Stote
ATTENDING etained by th CTOR: After t shauld be da		220 I certify that XI) (thi	s hospito	l) ottended the decease	ed_from	5/1:) 19 68	ta5/	17, 19_	68 , that	XI) (we) lost
END Ted Ted Uld The S				(did) (XXXX) view the		d that in (My) death.	(our) opinion	deoth occur	rred on the da	ite and hour	ond from the
P S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	0 /	٨	,		MED	CTA	224.	DATE SIGNED	
OR be r		V W	AG AL	The	DEGR	11110	☐ DIRECTO	IR 🐼 STA	Ys 🔲 5,	/17/68	
Page 4 may be retained by To FUNERAL DIRECTOR: After director, page 3 shauld be taken with the Statement of		22d PHYS CIAN'S NAME (Type) Moe	Weiss	, M.D.		Glen	in Dale H	lospita	1,Glenn	Dale,M	d.
HOS Bge 2 Shoul	230/	BURIAL CREMAT ON, 23b REMOVAL (Specify)	DATE //	234 NAME OF	CEMETERY OR	CREMATORY	236.	LOCATION (9		(County)	· (Stote)
2 2 7		FUNERAL DIRECTOR	4//6	J. 1779 K	IVIO.	NY	2So. REC'D BY REG	CTD AD	OVER.	SICALATION	S. MO
VR 15 (4) 30M REV 1/68	24.	TUNEKAL DIKECTOK	400	- hambanas	-54		DATE MAY 2	1968	25b. REGISTRARS	and and the	0



		1		ND STATE DEPARTMENT OF HE		
	J.		DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIM	ORE, MARYLAND 21201	* 3 15
-1-2	(NA)			CERTIFICATE OF DEATH		
	GEL		CEASED NAME First Middle	Last	20 DATE OF DEATH	26. HOUR 17
er deat	deat	(1	(PPE OF PRINT) EDWARD BAY D	EBBINGER. JR.	May 10, Day	68 Yeor -: 45 M
after death	ter Ter	3. SE		S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 74 HRS.
E > #	Pages urs affe	Īν	ALE CAUCASION	L4 January	1922 46 YRS.	NUM-115 DATS NUMES MIN.
	Pages 1 and hours after death	70. E	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH	
一样	727	cour	LLINOIS USA	WIDOWED DIVORCED	PRINCE GEORGES	Md.
2	Æ		TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital 12a USUAL (OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR
4 3	witi	A	NUREUS AIB give street oddress) I in LOCIL A GRO	W USAF HOSE ATR FU	of working life, even if retired.) DRCE OFFICIR	INDUSTRY MILITARY
y by	int,	130	ISUA. RESIDENCE (Where deceased lived if institution: Residence before	136. CITY OR TOWN 136. INSIDE CITY LIMITS	13e STREET AND NUMBER	
at te	6 6	odmi	SSION) STATE 136 COUNTY	ALEXALIRIA YES NO	719 Prince St	reet
exe	o de la		ATHER'S NAME First Middle Lost	IS MOTHER'S MAIDEN NAME First	Middle	Lost
e e	2.E		EDWARD RAY DELLINGER, SR.	LEMA E. MAGNA	M	
ate die	and	léo	WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY		Address	
iff is	<u> </u>	Ž	ES, or unknown) (11 ver give not action as a constant 491-16-9	027 WIFE SAME AS	# 13	
ie cet	DH E		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (o).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath igh	ire		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ACINOMATOSIS		
de de	erm in, c		150 × DUE TO, OR AS A CONSEQUENCE O		1	
# 4	# .t. 5		Conditions, if any, which gave)	ARCINOMA OF Q	soph taus	
hat 	ans		rise to immediate couse (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE O		1112	
es 1 Sicio			last. (c)			
OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within be retained by the haspital ar attending physician.	Schools Area has been as been signed by the areanoning pression and compered your associated be detached for use as the burial-transit permit. Then please remaye carbon pages with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 to the state Dept.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	<u> </u>
e le	2 e E	Z	1.: %			
ig ig	a si bi	ATI0	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS I	PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The	S a A	CERTIFICATION		YES NO N	CAUSES OF DEATH?	
ž b s	e all a		21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	21c HOW INJURY OCCURRED (Enter no	ature of injury in Port 1 or Port 2, It	em 18)
S E 4	1951	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF OCATH (If either, notify medical examiner) HOUR A.M. Manth Day Yea	19		
PHYSICIAN: e haspital ar	E the	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, I	ACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
he he	deta De De		at work ot work			
TENDING ined by th	tate of		22a. I certify that (I) (this haspital) attended the deceased alive on LO May	sed from LL POD , 19 00	2, to 10 lay, 19 6	5, that (1) (we) last
ed L	ld l		causes stated above, (1) (we) (did) (did,not) view th	.19 😊 , and that in (🙉)) (aur) apinio	an death accurred an the dat	e and havr and from the
	2 d t		226 SIGNATURE		220 1	ATE SIGNED
OR A	2 ° ≥			MD ATTENDING MED		May 646
0,45	ije ge		22d PHYSICIANS	22e ADDRESS	Clok - Filis - Filis	lay WB
MT/A	De D		MAME(Type) DAVID SCHURLAN CAPI,		N USAF ECSPILL	COLDENS AND
TO HOSPITAL OR ATTENDING Page 4 may be retained by the company of	Spould be filed	23a			23d LOCATION (City or Town)	(County) (State)
= 60	· 原R	em	DEMONIA (C. C.)		1 Home, Alexar	
= =	(3)()		FUNERAL DIRECTOR alls Church Funer APPR	S Home 25a. REC'D BY	REGISTRAR 25b, REGISTRAR 5	GNATURE
3	30M REA 1 68		Falls Church, Virgin		14 1 5 1968 F	incles Judges
	4	=				



- 1			301 W. PRESTON STREET, BALT		
ı	27820		CERTIFICATE OF DEATH	IMORE, MARTEMED 21201	. 137
ī	DECEASED NAME First (Type or print)	Middle Hugh H.	Lost Dobson	2a. DATE OF DEATH May Month 29,	0y1968eor 1:10PA
3.	SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
	Male	Caucasian	Feb. 12, 1		MONTHS DAYS HOURS MIN
70	o. BIRTHPLACE (State or foreign guntry) Tennessee	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince Georges	Md
10	Cheverly	11 NAME OF HOSPITAL OR IN	en 1 Hospital during m	AL OCCUPATION (Kind of work done ast of warking life, even if retired) C기요 열려	126 KIND OF BUSINESS OR INDUSTRY USSGOVE
13 ac	a, USJAL RESIDENCE (Where decease mission) STATE Mary Land	ed lived, if institution: Residence before 13b COUNTY Prince George's	13c CITY OR TOWN 3d INSIDE CITY Eyattsville YES N	13e STREET AND NUMBER 2703 Kirkwoo	
1	4. FATHER'S NAME First Willi	Middle Lost	IS. MOTHER'S MAIDEN NAME		lost ?
Ī	60. WAS DECEASED EVER IN U.S. ARN Yes, no. of unknown) (II yes give w	or or dotar at connect	no. 17. Informant 0237 Mrs.Carrie	L. Dobson (ab	ove address)
4000	Canditions, if any, which gave nise to immed ate cause (a). stating the underlying cause last 4 2 OTHER SIGNIFICANT COM-	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUTTIONS CONTRIBUTING TO DEATH BUT NO SUPERIOR OF CONTRIBUTING TO SEATH BUT NO SUPERIOR OF CONTRIBUTING TO S	• •	Cerebellai au	the state of the s
	210 ACC DENT WAS UNDERLYIN		YES NO V	CALIFEE OF DEATING	CONSIDERED IN CERTIFYING , Item 18.)
TANK TO A	at work at work	PLACE OF INJURY (AT HOME FARM, STREET FA	21f LOCATION Street or R.F.D. No.	10 11. 20	County State
		hospital) attended the deceasive an (i) (we) (did) (did at) view the	bady after death.	inlan death accurred on the c	9 (2), that (1) (1) last late and haur and fram the
	22d. PHYSICIAN'S	Id S. Fleischer, M	DEGREE PHYS 22e ADDRESS	AED. STAFF DE VIRECTOR DE PHYS DE V	129-68 le. Maryland
L	BURIAL, CREMATION, 23b to 15/15/15/2019	OATE 23c NAME OF Cedar	CEMETERY OR CREMATORY Hill Com.	23d LOCAT ON (C ty or Town) Suitland, Mc	(Caunty) (State)
2	4. FUNERAL DIRECTOR Nalle	y's Funeral ADDRESS Ma	t Rainier, 250. RECD	TIN 3 1968 REGISTRA	S GNATURE Ciarles Judge.

Dessen

1	te	m # #8 film # G401 MARYKAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOD STATE		MEDICAL EVAMINED'S CEDTICICATE OF DEATH	
FOR STATE HEALTH DEPT.	3 0	3.40%	, 1)
HEALIN DEPT.	(Type or Print)	Day Year 26 HOUR
5 ± ± 5 ± 5	3 S		4-68 1911:05pm
delay	2 2	2 16 16 last birthday) MONTHS DAYS HOURS MM Manth Day	Year 2d HOUR
No de la constante de la const	-	Male Negro 3-10-116 (3 Ayrs 5-14-68	1911:31pmM
E B		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED KIK DIVORCED Prince Country I.M.	
ate ate		TTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done	126 KIND OF BESINESS OR
Pac Viffy	10	ave street oddress) during most of warking life, even if refired.)	INDUSTRY /
Give Pages Give Pages ang with fa th the State	120	Cheverly Prince George Hospital Letined USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDECTY LIMITS? 13e STREET AND NUMBER	Handyman
18. Given 18. Given alang with	130	desirence) CTAYE 1704 COUNTY	noet
hours offer death Item 18. Give Pages Office alang with for Iand 2 with the State after Math.	_	TATHER'S NAME First Middle LOST IS, MOTHER'S MAIDEN NAME First Middle	
hours Item 1 Office 1 and 2 after	1	11 2 1	Last
hin 24 ncil in niner's pages hours		Andrew Dock WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS ADDRESS	
thin min pag ho		(es, na, prinknown) (If yes give war or dates of service) Plas Clemith Reeden 515 to	
uld be executed wit vord "pending" in pe ne Chief Medical Exan al-transit permit File any event within 72	H		APPROXIMATE INTERVAL
rted call thun thun		IB. CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
cecu ding ledii sern		IMMIDIATE CAUSE (a) Fulmonary embolus	
e e) pen sif /N		DUE TO, OR AS A CONSEQUENCE OF Thrombophlebitis	
d b d b d : Chid		rise to Immediate cause (a), (b)	
shauld be executer ne word "pending" ta the Chief Medical burial-transit permit in any event withi		ast	
MINER: This certificate shauld be executed within 24 hours ofter death the certificate, writing the word "pending" in pencil in Item 18. Give Pages 4 shauld be farwarded to the Chief Medical Examiner's Office along with Ar files. 3 should be used as a bunal-transit permit File pages land 2 with the State matran, ar remayal, and in any event within 72 hours after Inoth.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(g)	
reation ng 1 ded ded as a		1 STATE OF THE RESIDENT CONDITIONS CONTRIBUTING TO SERVE BUT NOT RECALED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((g)	
rriff rriffi varc ed c	CERTIFICATION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e, v farv farv emic	FICA	WAS PERFORMED?	YES NO DE
XAMINER: This certificate is to the certificate, writing this yet 4 should be farwarded to your files. age 3 should be used as a bigge 3 should be used as a bigge 3 cremation, ar remayal, and	CFRT	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, 1	
Certiff certiff auld es. should ran,	EDICAL	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M 19	
INE construction of the co	9	21d. INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
XAM ute th ge 4 yaur Yage crem		WHILE NOT WHILE foctory, office building, etc.)	
		22a certify that I taak charge of the remains described above, held an Autopsy , Inspection Inquiry	To and in my apinian
TY BICAL E. y, please executed director. Page retained for tAL DIRECTOR: prior ta burial,		death resulted fram. Nargral causes 🖾 🐧 Accident 🗌 . Suicide 📋 . Hamicide 📋 . Undetermined manner	
please e: director. refained		CHIEF MEDICAL EXAMINER	
L D de de la composition della	1	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE	SIGNED
EPUTY SSGTY, Funeral Ty be 1 NERAL Th print		EXAMINER'S DEPUTY MEDICAL EXAMINER 5	15-68
O DEPUT: necessary, the funer 5 may be 0 FUNERA		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS (Street, city, town, ar caunty)	
TO DEPUTY necessary, the funera 5 may be TO FUNERA II leafth pr	230	BUTTA CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23g LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) 5-18-68 Everyneen Bladensbury	Mal
M	24	FUNERAL DIRECTOR 250 REC D BY REGISTRAR 256 REGISTRAR 5	4
VR A15ME (5)	14.	5. WAShingtone Son 4925 Denne Rue NE DATE MAY 20 1968 gold	reg Jugar

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death F. William Dunn, Sr. May 968 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years **IF UNDER 1 YEAR** IF UNDER 24 HRS lost birthdoy) Male Caucasian May 2 7a. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED XX NEVER MARRIED country) Georgia U.S.A. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers.—should be filed with the State Dept. of Health priar to buriol, cremation, or removal, and in any event, within 72 h Prince Georges WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dans O 120 KM) OF DUSING OR UT 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Trince Georges Gen'l Hospital during mas Supervisor genred.) Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE GTY LIMITS? 13e STREET AND NUMBER ddmission) 1 STATE Mary 1 and Prince YES TO NO 18U Ridge Rd Georges Greenbelt 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Last ⁵ Middle Last Walter Blanche Frank Dunn Matthews 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Tegunknown) 219 01 2936 Viva V. Dunn Same as #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoma of the head of the pancreas with IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF metastasis to the liver. Canditians, if any, which gave) Jaundice. rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Stenosing coronary arteriosclerosis with myo-PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4 may be retained by the hospitol or attending cardial fibrosis. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT ON WAS PERFORMED. 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES WX NO 🗌 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While hat white at work 220 I certify that (I) (this hospital) attended the deceased fram_ sow the deceased alive on May 8 causes stated abave, (IV (see) (d/d) (dichast) view the bady after death. 226. SIGNATURE ATTENDING MED.
DIRECTOR PHYS Prof.Bldg., Greenbelt, Maryland 20770 22d. PAYSICIANS Wilkiam C. Weintraub, M. D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE (County) (Stote) B di MOVA (Specify) 5/11/68 Baltimore Md. Woodlawn Baltimore RECD BY REGISTRAR 19686 RECEDED SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. DATE



-	1	DIVISION OF VITAL RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAM	INER'S CERTIFICATE OF DEATH	34
HEALTH DEPT.		EASED-NAME First Midd	- FAC BISE BURSTIN HOSTIN	Doy Year 2b HOUR
≈ 5 8 ×		oe or Print) James Gordor	Egan JR DEATH MATED To 5-6-	68 19 2 : 00 pm/
lay is Page	3 5		6 AGE (III) YOUTS IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d HOUR
ny delay 2, and 3 PM3. Pa		ale White 8-17-1920	ast birthday) Months Days Hours Min Month Day	68 19 6:03 mm
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.	TUDI ACC JONAN - CONTINUE TO CONTINUE CONTINUES	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
S I S	cour	CALIFORNIA U.S	WIDOWED DIVORCED Prince George's	M.d
ath age th f	10	Y OR TOWN OF DEATH 11 NAME OF HOSPITA	L OR INSTITUTION (If not in hospitol 12a, USUAL OCCUPATION (Kind of work done 1	2b. KIND OF BUSINESS OR
de P		heverly give street oddress) Prince Ge	orge Hospital during most of working life, eyen if retired to	NOUSTRY RGEOCO, MD
s after 18. Give a langer of the state of th		SUAL RES DENCE (Where deceased lived, if institution, Residence	before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	7. (3
7. a 18. a	9	Erlince George's	Riverdale YES X NO 1 6313 67th. Cou	rt
haurs after death llem 18. Give Pages Office along with far land 2 with the Stater after death.	14 [HER'S NAME First Middle	Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 haurs after death in Item 18. Give Pages r's Office along with far es I and 2 with the Stater res after death.		JAMES GORDON EGA	, , , , , , , , , , , , , , , , , , , ,	
ncil in niner's pages haurs	160 ()	AS DECEASED EVER IN 5 ARMED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT V, EGAY ADDRESS SAM	E AS #13
		no or unknown) (If yes give war or dates of service) 57012	1325 JEAN V, EGAN	
shauld be executed wire ward "pending" in per the Chief Medical Examinal-transit permit File in any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), o		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ecut ing' edic erm		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Intracer	ebral hemorrhage	
be execute "pending" iief Medica insit permit		DUE TO, OR AS A CONSEQUE		
1 be 1 'p Chie rans			ertensive cardio vascular disease	
auld vard he (all-t		toting the underlying couse DUE TO, OR AS A CONSEQUE	NCE OF	
shire v				
INER: This certificate shauld be executed with a certificate, writing the ward "pending" in peshauld be farwarded to the Chief Medical Examilles. 3 shauld be used as a burial-transit permit File in any event within 72.		ART 2 OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH B	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rtiffi ritiir rard a a val,	NO.	90 DATE OF OPERATION 1195. CONDITION	FOR WHICH OPERATION	20 AUTOPSY?
farw farw use	FICAT	WAS PERFO		
ER: This certificate, rauld be falles. Shauld be to than, ar rentrant	CERTIFICATION	To. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, D	oy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	YES X NO
ould and only on the control of the		PRIMARY OR CONTRIBUTING HOUR A.M.	19	11 192)
INER e cer shau files. 3 sha attar	MEDICAL	CAUSE OF DEATH P M IN JURY OCCURRED 21e. PLACE OF IN. JRY (At home, form, s		County State
EXAMINER: ute the certi age 4 shaufd your files. Page 3 shauf		WHILE AT WORK AT WORK		,
0 5 0 6		22a. I certify that I taak charge of the remains de	escribed abave, held an Autopsy (X), Inspection (X), Inquiry (X)	and in my apinian
DICAL E		death resulted from: Natural causes X., A		
please education		National Laboratory of the Control o	CHIEF MEDICAL EXAMINER	_
y, ple eral di be ret RAL D		ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
CUTY ary, rero be ERA		EXAMINER'S	DEPUTY MEDICAL EXAMINER 🔀	5-7-68
O DEPUTY DICAL E necessary, please exect the funeral director. Pa 5 may be retained far 0 FUNERAL DIRECTOR: Health prior ta burial,			rdale. Md. ADDRESS(Street, city, fown, or county)	
F He	23a	BURIAL CREMATION. / 23b DATE 23r. NA	ME OF CEMETERY OR CREMATORY / 23d LOCATION (City or Town) (County) (State)
N. C.	1	1968 BAL	TIMORE NATIONAL BALTIMORE, MA	RYLAND
The	24	INERAL DIRECTOR	ADDRESS 250 RECD BY REGISTRAR 256 REGISTRARS SI	
VR A15ME (5)	10	.W. Maniours 00 Viwerda	le, 41 arytung. DATE W. 1 3 1968 gold	wee Judge

MARYLAND STATE DEPARTMENT OF HEALTH



1	The same of the same of	DIVISION	OF VITAL RECORDS,	301 W. PRESTO	N STREET, BALTI	MORE, MARY	LAND 21201	
	- 6 7 9 P			CERTIFICATE	OF DEATH			11.3
	Euro or arms) ##	First FK 4	Middle	INe/	lund	2o. DATE OF DI	Menth Doy	7968 9:45 PN
3. S	¥.	4 RACE	Mile	16	-4-18			F JNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS M.N
		T AM	exica	WIDOWED 🔽	DIVORCED	POUNTY OF DE	eath Geor	GC Md
		, MD.	11 NAME OF HOSPITAL OR IN: caye street oddress) 672.00 CNFCR - 70	STITUTION (If not in hos in be I town	pitol 120 USUA during mo	L OCCUPATION (K est of working life	and of work dane e, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
		deceased lived, if in	stitution Residence before	13c. CITY OR TOWN	A YES NO	1 510L	MINEO L	a Rd.
14.	FATHER'S NAME FIRST	Midd	Mc Bric	IS MOTHE	R'S MAIDEN NAME FIL	rst	Middle	heridan
				16		LEY SIS	Address TER S	SAME AS ABOVE
	PART 1. DEATH WAS	CAUSED BY:	per line for (a), (b), and (c)	Cerchia	I Throm	Boeix		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any which	DUE TO,	OR AS A CONSEQUENCE OF	Seneta	liel at	Terose	leroser	20 yre
l			OR AS A CONSEQUENCE OF	Dealetes	melle	Twe		10 m
*	PART 2 OTHER SIGNIFICATION AND A STATE OF THE PART 2 OTHER 2 O	ANT CONDITIONS CONT	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE ORCO	ONDITION GIVEN I	N PART 1(a)	
RIFICATIO	19a. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION WAS PE					ONSIDERED IN CERTIFYING
DICAL CE	OR CONTRIBUTING CAUS	examiner)	A.M. Month Day Year P.M. 1	9			in Port 1 ar Port 2,	Item IB.)
WE	21d, 1NoURY OCCURRED White Not while of work of work				A			County State
	22a, I certify that saw the decea	(I) (this hospital) ised alive an	attended the decease and 14 did) (did pot) view the	ed from <i>Nave</i> 19_6 Rand that i bady after death.	in (my) (our) apır	7_, to nian death of	urred an the da	(1) (we) last te and haur and fram the
l	22b. SIGNATURE	Whans	Buth	AT DEGREE PH	IYS. LEE DII	ED. RECTOR	STAFF	DATE SIGNED AND 14, 1968
	22d. PHYSICIAN'S NAME (Type)			0.	4917 Edger			Park, Md.
L	REMOVAL (Speafy)	23b. DATE 5/17/68	ARLING	GTON NATIO	NAL	ARLI	INGTON	(County) (State) VIRGINIA
24.		SONS H			DATE	AT 20 1		signature judge
	7a. 1	7a. BIRTHPLACE (Stote or foreicountry) 10. CITY OR TOWN OF DEATH ARE IN BELT 13a USUAL RESIDENCE (Where odmission) STATE 14. FATHER'S NAMP 16a. WAS DECEASED EVER IN 1 Yes, Midrunknawn) 18. CAUSE OF DEATH (E PART 1. DEATH WAS UNITY OF THE SIGNIFIC	1. DECEASED-NAME (Type or print) 3. SEX 7a. BIRTHPLACE (Stote or foreign country) 10. CITY OR YOWN OF DEATH ARE ENTRET MAND First Mid- 13a USUAL RESIDENCE (Where deceosed lived, if in odmission) 14. FATHER'S NAMD First Mid- 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, Midrunknawn) 18. CAUSE OF DEATH (Enter only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, Conditions, if any, which gove isse to immediate cause (a), stating the underlying cause for part in the underlying cause of Death (If either, not fy medical examiner) 19a. DATE OF OPERATION 19b. CONDITIONS CONTROL (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTROL (d) 19a. DATE OF OPERATION 19b. CONDITION FOR CONTRIBUTING CONTROL (d) 21d. Injury Occurred Vanue of Death (II) (whis hospital) saw the deceased dive an cause stated above, (I) (we) (22b. SIGNATURE) 22d. PHYSICIAN'S NAME (Type) WILLIAM B. 23o. BURIA, CREMATION, REMOVAL (Specify) 5/17/68	1. DECEASED-NAME (Type or print) 3. SEX 7a. BIRTHPLACE (Stote or foreign country) 10. CITY OR TOWN OF DEATH 2. RELIBERT MD. Glye street oddress) 13a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 14. FATHER'S NAME) 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a COUNTY 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a COUNTY 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a COUNTY 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a COUNTY 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a COUNTY 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a COUNTY 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a COUNTY 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a COUNTY 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a COUNTY 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a COUNTY 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore oddress) 15a USUAL RESIDENCE (Where deceased lived, if institution Residence pefore 15a USUAL RESIDENCE (Where deceased lived, if institution Residen	To ECEASED-NAME (Type or pinnt) JARY JARGE JARGE	CERTIFICATE OF DEATH Close of First Middle Lost Lost	CERTIFICATE OF DEATH 1. DECESSOD-NAME (Type or print) A PACE S DATE OF BIRTH S DATE OF BIRTH	1. DECEASED MANE (Type or part) A RACE (My evers) A RACE (MY evers)

MAKILAND STATE DEPAKTMENT OF NEALTH



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 374411 CERTIFICATE OF DEATH Middle Last 20 DATE OF DEATH 2b HOUR DECEASED-NAME First funeral 1 and 2 r death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) Manth Steven Ernharth 2:40A m NMN 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNIOER 1 YEAR IF UNDER 24 HRS. 3. SEX Jost birthday) DAYS HOURS 4/11/15 Caucasian Male YRS 70 BIRTHPLACE (State or foreign 76, CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) U.S.A. Prince George's DIVORCED XX WIDOWED [12o. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during mast af warking life, even if retired.) give street address) **INDUSTRY** Geo. Gen. Hosp. Cheverly SAME 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/3c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland Prince George Hyattsville NO 3902 Hamilton St. burial-transit permit. Then please remo burial, crematian, ar removal, and in any Middle 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First Last First BRNHARTH, SR. AVAILABLE physician 166. SOCIAL SECURITY NO 37 INFORMANT Address 16d WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) If yes give wor or dales of service) 218 05 7749 MRS. DONALD CUMBFRLIND MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gave t rise to immediate cause (o), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been Health prior to 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES 🗀 NO | far use 216 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Manth Day Year TOR CONTRIBUTING CAUSE OF DEATH HOUR A M. detached f (If e-ther, notify medical examiner) (AT HOME FARM STREET FACTORY) 21F LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e PLACE OF INJURY State 21d INJURY OCCURRED City or Town County While | Nat while | at wark 220. I certify that (1) (this haspital) attended the deceased fram 5/21 , 1968 , to May 25 , 1968 , that (2) (we) last saw the deceased olive on May 25 , 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the Hectar, page 3 should heatd be filed with the O FUNERAL DIRECTOR: 22c DATE SIGNED 22b. SIGNATURE ATTENDING DIRECTOR PHYS PHYS 22e. ADDRESS 22d PHYSICIAN'S Prince George's General Hospital, Cheverly NAME (Type) Uk Ho Lee, M.D. 23d LOGAT QN()(C ty or Tawn) 236 NAME OF CEMETERY OR CREMATORY, 23b DATE (County) BURTAL SREMAT ON 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO VR A15 (4) 30M REV 1/68

fact The

']' ·	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, 5 &
HEALTH DEP		ECEASED-NAME First Middle Last 20 DATE KNOWN Manth	Day Year 2b HOU
5 5 8 5 ×		Type or Print) Fredrick Edison Fesperman OF ESTI- DEATH MATED TX 5-1	12-68 19 1:00a
≥ m 0 t=	3. 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In yours F UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOU
pm3. pm3.		Male White 8-11-1989 Mast birthday) MONTHS DAYS HOURS MIN MONTH Day 78 12	68 19 8: 57am
- E	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	
form form	V) (OWAN COUNTY NC. USA WIDOWED DIVORCED Prince George's	5
hours ofter death Item 18. Give Pages Office along with far Iand 2 with the State	10.	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital liza USUAL OCCUPATION (Kind at wark done give street address) 12 USUAL OCCUPATION (Kind at wark done during most of working life, even if refired.)	126 KIND OF BUSINESS OR INDUSTRY
ofter death 8. Give Pog olong with with the Sta		Cheverly Prince George Hospital	INDUSTRI
s offer 18. Gr olong 2 with death		USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c (ITY OR TOWN 13d institution. Residence before 13d institution. Residence 13d institution. Residence 13d institution. Residence 13d in	
urs ce ce d2 v	_		
24 hours ofter de in them 18. Give irs Office olong west lond 2 with the rs ofter death	14.	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
hin 24 nicl in niner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 1665. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
within pentil xamine ile pagi		(es, na, or unknown) (1) yes gry your gradules of service) UNKNOWN GLADYS FESPERMAN SA	MEAS
T.EW	F	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL
te shauld be executed the word "pending" in I to the Chief Medical E a burnol-transit permit F nd in any event within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hepatic failure	BETWEEN ONSET AND DEATH
be execute "pending" ief Medical nsit permit		DUE TO, OR AS A CONSEQUENCE OF Cirrhosis of liver	unknown
be e "per		Canditions, if any, which gave	
word word the Ch	ı	rise to immediate cause (a), { Stoting the underlying cause } DUE TO, OR AS A CONSEQUENCE OF	
share the		last. (c)	
the shape do to a but and ar		PART 2 OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
vertificati writing trwarded rwarded as a sed as a	l _×	57	
This certificate shauld cote, writing the word be farwarded to the Cl be used as a buriot-tremoval, ond in ony	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This ote, ote for the formula	XTIF		YES NO X
INER: This e certificate, should be fulles. 3 should be instantion, or remarks		210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, II	tem 18.)
NER cer hou iles.	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. Na City or Town	County State
XAMIII te the ge 4 s your f your f cremc	-		contill 21016
		WHILE NOT WHILE TOCTORY, OTICE BUILDING, etc.)	74
DEPUTY DICAL E		220. I certify that I took charge of the remains described above, held an Autopsy, Inspection \(\otimes_\), Inquiry \(\otimes_\) death resulted from: Notural costs \(\otimes_\), Ascident \(\otimes_\), Suicide \(\otimes_\), Hamicide \(\otimes_\). Undetermined monner	
bicase e director etoined birector			
Ty bloose y, pleose erd direct erd direct table to be retoine table prior to be		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATE	SIGNED
UTY, Jry, neral be be pe		SIGNATURE MIDDLE CAMBRICA FOR	5-13-68
O DEPUTY necessary, property of the funeral series of the price of the		NAME (Type) Cohy Kehoe MD Riverdale, Md. ADDRESS(Street city town, or county)	
necessor the fun 5 moy 10 FUNE Health	230	BURIA. CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
		REMOVA SORETA LAWN CENT ROWAN COU	NTY NO
	24.	FUNERAL DIRECTOR, 250 REG STRAR 250 REG STRAR'S WILL Chamber C 1400 Chamber Strand 250 REG STRAR'S William	
VR A15ME (5) OM REV 1/68	1	WW. Chamber C 1400 Chafin Street DC DATE MAI 1 5 1968 filler	res Judge

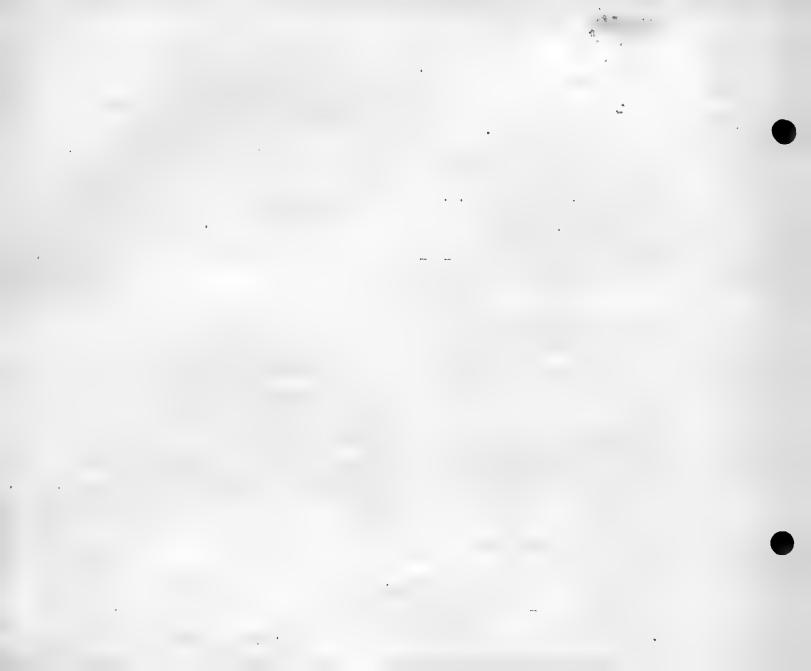


Lime I		MARYLAND STATE DEPARTMENT OF HEALTH A DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Ιt	em # 5 film G401MEDICALSEXAMINER'S CERTIFICATE OF DEATH	<u> </u>
HEALTH DEPT.		CEASED-NAME First Middle Lost 2g. DATE KNOWN Manth	Day Year 25 HOUR
· 2 8	,		0-68 192:00am
delay	3 SI	X 4 RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HBS 2c. DATE PRONOUNCED DEAD	2d. HOUR
out d		ale !Thite 6-17-1698/ 75 vrs. 5 30	6898:07am M
E CYLE MAN	7o l	IRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED THEYER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Prince George's	
22	10.7	TY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (King of work done	Md. 12b. KIND OF BUSINESS OR
Poge Story	10. 0	give street address) during most of working life, even if retired)	INDUSTRY
h h	13a	Cheverly Prince George Hospital USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INS DE CITYMAITS? 13e STREET AND NUMBER	
INER: This certificate should be executed within 24 haurs after death se certificate, writing the ward "pending" in pencil in Item 18. Give Pages should be forwarded to the Chief Medical Examiner's Office along with telles. 3 should be used as a burial-transit mermit. File pages land 2 with the State nation, ar remayal, and in any event within 72 haurs after death.		m ssion) STATE 13b COUNTY Takoma Park YES NO 6503 Alleghane	ey Avenuc
havri Item Office I and 2	-	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		GEORGE FICHTER. MIRRY	KVE.
thin 24 miner's mages haurs		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (If yas give wer or dottes of service) 17 INFORMANT 18 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LE GHAMRYF
N with n per Exam Exam File		VES W.W.T WO 44 6196 ARDELA . DIDNIUN TAKENAM	A PROX M. TE INTERVA
ted v in in in in in in in		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
xecuted ading in Medical I		PART I. DEATH WAS CAUSED BY. IMMICDIATE CAUSE (a) Heart failure DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
pen pen ef N nsit		Cond trans. If any which gave	DOTIVITO MIL
ord bind by the bind by end of t		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
should be executed to ward "pending" in to the Chief Medical Esburial-transit mermit. Fixed in any event within		lost. (d)	
the state of to a b and a b		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iffica iting ardec d as al, a	8	4,	
is certificate star, writing the forwarded to be used as a bremayal, and	CERTIFICATION	196. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This cate be for re	ERTIF	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of neury in Part 1 or Part 2, it	YES NO 3
*= T =	CAL	PRIMARY OR CONTRIBUTING HOUR A.M	341 10-)
MINER: the cert the shauf r files. e 3 shau mation	MEDICAL	21d INJURY OCCURRED 21e, PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
		WHILE AT WORK AT WORK AT WORK	
L EXA cecute Page far yai		22a. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [X], Inquiry [X	ond in my opinion
e ey tror.		death resulted fram: Natural causes 🖾 , Afrident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
please ey director. DIRECTO Or ta bur		ACTUAL CHIEF MEDICAL EXAMINER C	
JIY Decretivy, please e eral director be retained RAL DIRECTOR Prior ta bu		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220. DATE	5-31-68
necessary, pure funeral 5 may be r TO FUNERAL Realth price		EXAMINER'S NAME (Type) . Toky Kehoe MD Riverdale Md ADDRESS(Street, city town, or county)	2 - 21-00
o Di the the 5 mc	730	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city town, or county) BURADOREMATION. 23b DATE 237 MANE OF CEMETERY OR CREMATORY // 23d LOGIC ON (City or Town)	(Caunty) (Stare)
F F		REMOVAL (Specify LUNE 3-1968 (Selication) National Chilington	1/2/.
	24	FUNERAL BIRECION ADDRESS ADDRE	
VR A15ME (5) 10M REV 1/68		Hether Vallers). 254 Green By DATE JUN 4 1968 golis	soo hud-



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First DECEASED-NAME Miridle 20 DATE KNOWN[7] Month (Type or Print) ESTI-Ruth Fiefield DEATH MATED 1958 TE JINGER 1 YEAR 4 RACE 6. AGE (in years IF JINDER 24 HRS 2r DATE PRONOLNOED DEAD 3 SEX S DATE OF BIRTH 2d HOUR white 11-16-93 femile 7o. BIRTHPLACE (State or foreign 76 CIT.ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) D.C. U.S.A. WIDOWED K DIVORCED [T] Prince Correts with the State 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12 WIN DE WATION (Kind of work done 126 King) OF CUSINESS OR 10. CITY OR TOWN OF DEATH Office olong with during most of working life even if refired to INDUSTRA pitol Trince orgets General Hoden Cheverly 130. USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c. CITY OR TOWN 13d. DKS+DE CITY . METS? 13e STREET AND NUMBER odmission) STATE - A 13b. COUNTY YES K NO erton Street and 2 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First M'ddle Elizabeth Harry J. Gorbutt V. La Dane should be forwarded to the Chief Medical Examiner's poges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS pencil (Yes, no, or unknown) (if yes give war or dates at service) 579-11-6578 Katherine L. In ram, Gordonsville, Va. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) 1/27ti-7e nullmonome emboli DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gave (b) Phlebo-thrombosis r'se to immediate cause (a). certificote should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause @ Immobilization of leg in cast PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) О removal, FICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? icate, YES [K] NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING X HOUR A M. buriol, cremation, fell at home and "ractured filula CAUSE OF DEATH City or Town 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. factory, office building, etc.) WHILE AT WORK AT WORK 3008 Mewton Street, Onliner Manor, ". C. 22a | certify that I took charge of the remains described above, held an Autopsy [X], Inspection X. Inquiry 🔀 and in my opinion death resulted fram/1 Suicide , Homicide Natural/causes 1 Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** NAME (Type) John Lahoe ... D., Liver le, no land ADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY
Cedar Hill Cemetery 23a. BUR.A., CREMATION, 23b DATE 23d LOCATION (City or Town) (County) 5-28-68 REMOYAL (SOR TY) Suitland, wid. Sons 1739 Balt. Ave., Hyattsville, Md. MAY 9 a 25b. REGISTRAR'S SIGNATURE VR ATSME (5.

MARYLAND STATE DEPARTMENT OF HEALTH



1/- 1/-		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12 4
HEALTH DEPT		ECEASED-NAME First Middle Lost 20 DATE KNOWN 1 Month C	Doy Year 2b HOUR
any detay is 2, and 3 to PM3 Page spartment of	١,	Type or Print) Michael John Filippi DEATH MATED OF EST. DEATH MATED DEATH MATED 5-11-	-68 195:30amm
d 3 Po Po ent	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNICER YEAR IF UNICER 24 HIS 2c DATE PRONDUNCED DEAD	2d HOUR
y de an M3		Male White 9-28-1913 54 YRS. 5 11	6819 6:10amm
any delay is 1, 2, and 3 to m PM3 Page		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9 COUNTY OF DEATH	
S of the second		N.Y. U.S.A. WIDOWED DIVORCED Prince George's	Md.
Page Aith Took	10. 0	TTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital during most of working life, even if retired.) 12 JSUAL OCCUPATION (Kind of work done of the street) 13 JSUAL OCCUPATION (Kind of work done of the street)	26 WNDSE BUSINESS OR Governent
P 8 8	12-	TI VEITIGE I LOTATIO LOTTO LOT	Government
e certificate should be executed within 24 hours after dmath should be exertificate, writing the word "pending" in manch in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm files. 3 should be med as a burial-transit purmit. Fire pages 1 and 2 with the state Delation, or removal, and in any mumit within 72 mours ofter meath	130	daysson) STATE LIB COUNTY	no Stroot
Item 11 Office 1 and 2 offer	_	Naryland Prince George Hyattsville Salvo 4231 Oglethor	
1 hours Item Office I and 2	,	Julius Filippi Anna	Jucik
thin 24 nicel in piners pages		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
This certificate should be executed within 24 cate, writing the word "pending" in mucil in be forwarded to the Chief Medical Examiners be made as a burial-transit purmit. Fire pages or removal, and in any mount within 72 mours		(es, no, or unknown) (If yes give war or doles of service) 721 01 9357 Esther F. Filippi Same as #13	
ed v		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ould be executed vord "pending" in the Chief Medical E. al-transit permit. For any event within		IMMEDIATE CAUSE (a) TREAT OF TALLTUTE	minutes
exe endi Me it pii		DUE TO, OR AS A CONSEQUENCE OF Hypertensive arteriosclerotic	
be 'p'p' hief		(onditions, if ony, which gove) nse to immediate couse (a), (b) heart disease	over 4 yrs.
should be en word "per or the Chief for the Chief burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she vo to the burn burn lin		lost. (c)	ļ
KANIMIER: This certificate she te the certificate, writing the vae 4 should be forwarded to thyour files. Tage 3 should be Esed as a buricemation, ar removal, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rrtiffi rritir vard vard od o	NOI	199, DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION	20 AUTOPSY?
e, w forv	CERTIFICATION	WAS PERFORMED?	YES NO ZE
IMER: This certifica e certificate, writing should be farwarded files. 3 should be msed as astrony or removal, a	CERT	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	
S. S. and	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19	
she as a state of the state of	W.E.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
DICAL EXAMINER: se execute the cert star Page 4 should med for your files. ILCTOR: Tage 3 should buriol, cremation,		WHILE NOT WHILE TACKBORY, Office building, etc.) AT WORK AT WORK	
AL EXA		220. I certify that I took charge of the remains described above held on Autapsy , Inspection , Inquiry .	and in my opinion
TY DICAL II. y, pleose executed director Page retained for RAL DIRECTOR: prior to buriol,		death resulted from: Natural souses 🕱 Acident 🗌, // Suicide 🔲, Homicide 🔲, Undetermined manner 🗍	
please e I director retained		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF	
JTY Iny, p eral be re RAL prio		SIGNATURE MD ASSISTANT MEDICAL EXAMINER LI	igned -12-68
DEFUTY DICAL II		EXAMINER'S	-1×-08
necessary, please e the funeral director 5 may be retained O FUELRAL DIRECT	7220	POMI Rende MD ILLVeldele, 11d.	County) (State)
	N.	REMOVAL (Specify	
180		FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRARS SIG	GNATURE ~
VR A15ME (5) 10M REV 1/68	F	rancis Gasch's Sons Hyattsville, Md. DATE MAY 17 1968	vies Judge

Q^, *.

. . .

£ .

.

1		Primary draws	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
7		23980		CERTIFICATE OF DEATH		1 / 1/2 12
- # Love		CEASED NAME First	Middle	Last	2o. DATE OF DEATH	2b. HOUR
er death	(1)	rpe ar print)	Michael J.	Fitzpatrick	May 27.	1968 10:50 M
after of the fundament	3. SEX	(4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	F UNDER I YEAR SF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
the days	1	Male	Caucasian	July 15.	1917 50 Y	
100	70 B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED XX		
2 (1) 2	2	"ichigan	USA	WIDOWED DIVORCED	Prince Georges	Md
ni di di	•	TY OR TOWN OF DEATH	I.I. NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 120 Ut	SUAL OCCUPATION (Kind of work do	12b KIND OF BUSINESS OR 1NDUSTRY
with bod with	L	neverly	Prince Geo. G	en'l Hospital during	mast of working life, even if retired ectronic Tech	Airline
plet car	13a	USUAL RESIDENCE (Where decease isian) =STATE =	ed lived, if institution: Residence before			
com com	77.4	ary land		HILLICICSE HECS.	ESON Same 130	
ex nnd rem rem	14. F	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME France 11		Last
e be	1/1	WAS DECEASED EVER IN U.S. ARM		Lese .	Address	
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ined by the hospital or ottending physician. OR: After this certificate has been signed by the ottending physician and completely filled in by the funeral ould be detached for use as the buriol-transit permit. Then please remave carbon population, green the State Dept. of Health prior to buriol, cremation, ar removal, and in any event, within 72 bours after death the State Dept.	100. Ye		or or dates of service)		rick Hillcrest	
phy sen nova					nick all crest	APPROX MATE INTERVAL
ing ing	Н	18. CAUSE OF DEATH (Enter and PART 1 DEATH WAS CAUSED	ly ane cause per line for (a), (b), and (c))) -f sho Tiloish	-codena and days	BETWEEN ONSET AND DEATH
dea tenc rmit		IMMEDIA	TE CAUSE (a) CILITOSIS	of the Liver with	ascites and laun	arce.
the of per	Н	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Pa			The state of the s
not i	1 1	rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF	icleatites.		
s the conduction of the conduc		stating the underlying couse last.	In the second se			
hysi mysi gne urio		-	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	DR CONDITION GIVEN IN PART 1(a)	
req ng p n si e b					1,7	
law ndir bee s th	FICATION	196 DATE OF OPERATION 196.	CONDIT ON FOR WHICH OPERATION WAS P	ERFORMED 20a AUTOPSY?		GS CONSIDERED IN CERTIFYING
The offe hos			A	YES KX NO!	CAUSES OF DEATH?	l'es
or or us		21a ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY		nter nature of injury in Part 1 or Part	2, Item 1B.)
CA Figure 1974	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Manth Day Yea ner) P.M.	9		
rest cer chec	ME	214 INTHEV OCCUPATED 214	PLACE OF INJURY (AT HOME FARM, STREET F	ACTORY) 21f. LOCATION Street or R.F.D.	No City or Town	County State
the I thus deta	Ш				1/2	
INC by 1 ffer be o		22a I certify that (1) th	isoborpital) ottended the decea	sed from // 1968, and that in (my) (cso) o body after death	7, to May 27,	19_68_, that (I) (we) last
END red St. A she she		saw the deceased a	live on May 41.	(17 0.8) and that in (my) 10.00 CC Body after death	apinion death accurred on the	date and haur ond from the
2 2 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	П	22b SiGNAFIRE	// / ADAD (GILL) (GENERAL TO II III	C . 3	1 2	P2c. DATE SIGNED
d w Se re		Juliu	Juniffm	DEGREE PHYS	MED STAFF DIRECTOR PHYS	May 28, 1968
AL (Doy by by by file		228 PHYSICIAN'S	0	22e ADDRESS		
ERA Dr, F	-	NAME (Type) Jul:	lus Kauffman, M. I		over Rd. Cheverly	, Md. 20785
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the hospital or oftending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and completely furctor, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon should be filed with the State Dept. of Health prior to buriol, cremation, ar removal, and in any event, with	23 a	BUR AL, CREMATION, 23b	1	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
22 2 2 2			7/3 - 1	Lincoln	Bladensburg	. Md.
VR A15	24 T	funeral director as.T.Ryan,In	ADDRES	os, SE DC3	41/ -	AR 5 SIGNATURE
30M REV 1768	U	a I h y all , I ll	0. 4. 9 77/7/0811	DATE	4 3 1 1968 acc	compa 1

E TON

ت سی شه

•

•

•

.

.

. . .

4-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Item9, Film#GliO1 5/MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4 6 45
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Dov	Yeer 2b HOUR
2 5 8 5 2	(Type or Print) John Leo Friedl OF ESTI- DEATH MATED 5-12-6	8 191:15amM
P 3 y	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (in years lif under 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD Months DAYS MOURS MAIN Moghth Day	2d HOUR
2, and 3 to PM3. Page	Male White 26 Sept. 1913 54 YRS 5" 12"	689 3:58amm
I, 2, mp. Ph. Ph. Ph. Ph. Ph. Ph. Ph. Ph. Ph. Ph	70 BIRTHPLACE (Store or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Prince George 15	
F S of L	Wisconsin U.S.A. """ Will by Prince George's	KIND OF BUSINESS OR
with with	give street oddress) Ldurida அரை செல்லி மெய்கள் செர் retired) INDU	S. Govern
Give Give ong ong ith fil	130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before) 13c CITY OR TOWN 13d INSIDE CITY _MITS? 13e STREET AND NUMBER	ent
18. Give along	Mary land Prince George Riverdale YES NO 5313 Riverdale R	load, Apt123
hours after death lem 18. Give Poge Office along with I lond 2 with the State after death.	14, FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	LOST
the certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give Pages I, 4 should be forwarded to the Chief Medical Examiner's Office along with form ur files go should be used as a buriol-transit permit. File pages I and 2 with the Stafe Defending, or removal, and in any event within 72 hours after death.	John Fried Frances 6400 SS51h F	}acelli
thin 24 encil in miner's poges hours	Yes, no, or unknown (fly as give wor or dotes of verses)	
d wit in per Exon File n 72	Yes WW 11 Evangeline H. Friedl New Carrol 18 CAUSE OF DEATH (Enter only one couse per one for (o), (b), ond (c))	APPROXIMATE INTERVAL
cuter ng" lical mit vithi	PART I DEATH WAS CAUSED BY 3rd. degree burns of 1.00% of body surface	BETWEEN ONSET AND DEATH
Mec not v	DUE TO, OR AS A CONSEQUENCE OF	
be "pe hief hief eve	Conditions, if any, which gave) (b) (b)	
ould vord he C iol-tr	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
he v he to the burn	last (c)	
O DEPUTY DICAL EXAMINER: This certificate should be executed with necessory, please execute the certificate, writing the word "pending" in perthe funeral director. Page 4 should be forwarded to the Chief Medical Examples and be retained for your files. The proof of the Chief Medical Examples of the Chief	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ward ward sed a	196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
te, tor	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18	YES NO
iffico d be d be	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Yeor PRIMARY X OR CONTRIBUTING HOUR A M.	3)
NER cert houl houl shoul	E CAUSE OF DEATH 1015 SPM 5-12- 19 68 Bed caught fire.	unty State
the the wur f	white Not white 5313 Riverdale Road, Apt. 123, Riverdale, M d.	rutå 71018
bical Examiner: se execute the certification. Page 4 should need for your files ECTOR: Page 3 should buriol, cremation,	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinion
CAL Or. To CTO to Duric	death resulted fram Norgral couses , Accident , Suicide , Hamicide , Undetermined manner	Olio in Hit opinion
please I director retainer DIREC	CHIEF MEDICAL EXAMINER	
AL AL D	SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNE	
SSON SSON SSON SSON SSON SSON SSON SSON	BARBERT CO.	13-68
O DEPUTY DICA DICA DICA DICA DICA DICA DICA DICA	NAME (Type) John Kehoe MD Riverdale Md ADDRESS(Street, city, town, or county) 230 BURIA, (REMAILON 23b DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (Cour	nty) (Stote)
F	Burial 5/15/68 Mt. Olivet Washington D. C.	(2,016)
	24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REG STRAR 256 REGISTRAD 5 5 GNA	JURE OLLAR
VR A15ME (5) 10M REV 1/68	Francis Gasch's Sons Hyattsville, Md. DATE MAY 17 1968 Juliane	0



	1	MARILAND STATE DEFARIMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
,		CERTIFICATE OF DEATH
수 2		CEASED-NAME First Myddle / Lyrst - 20. DATE OF DEATH 26. HOUR
death. neral ond 2 death.	(1	ype or print) Peace Gugene Same Man Month 18 - 1968 12 PM
er d	3. SI	132 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a sta		lost birthday) Months Oars Mours Min
Supp	7. (
		TOY O O A
22 Ted	<u> </u>	La Plata mel U.S.A WIDOWED DIVORCED Tremo Belique M. 6 Md.
filled filled things	10. 0	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dene 12b. KIND OF BUSINESS OR during most of Working life, even if retuined) 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of Working life, even if retuined) 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of Working life, even if retuined)
TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ined by the hospital or attending physician. OR. After this certificate has been signed by the attending physician and campletely filled auld be detached for use as the burial-transit permit. Then please remave corbant agrees the State Dept. at Heolth prior ta burial, crematian, ar remaval, and in any event, within 77.		Lealor Md Jene Vew Stille, Have Cold Johns
sed cort	13a.	US_AL RES DENCE (Where deceosed lived, if institution, Residence last CITY OR TOWN 13d INSIDE CITY LIMITS 13e STREET AND NUMBER 2500) STATE 120 13b COUNTY 60 PARCEL 120 120 120 120 120 120 120 120 120 120
ecuted camplet ave car y event	agin	SSIGN) STATE MI 136 COUNTY & MARIE TALLERAL FALLBARE YES NO IF TRUBBLE ME
d c d c	14. [ATHER'S NAME OF FIRST MIDDLE OST IS MOTHER'S MANDEN NAME FUST MIDDLE LOST
and and in an		Rockey Lemuel Grand Alinhith
ign sase	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address
ertificate be physician c naval, and is	Y	Secon unknown) (WWW or we or dores of service) 215-56-4938 Charles Henry Garner-Brother Bel Alto
erti.		TB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
equires that the death ce physician. signed by the attending burial-transit permit. The		DADT I DEATH WAS CAUSED BY
dea		indicate the control of
aff per tan		DUE TO, OR AS A CONSEQUENCE OF
the the sit mat		Conditions, if ony, which gave inset a immediate cause (o), (b) A 5 H D AND AZOTEMIA (b) A 5 H D AND AZOTEMIA
the spanning of the creation o		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sici sici al-1 al,		lost. (c)
HYSICIAM: The low requires the hospital or attending physician. It certificate has been signed by the far use as the burial-trangpt, af Heolth prior ta burial, cre		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ng en he l	2	42,,
low andi so the	AT10	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
Se paragraph of the par	CERTIFICATION	YES NO. CAUSES OF DEATH?
or ite	CER	2To ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
fig failed fig.	CAL	CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year
Spi spi red t. a	MEDICAL	(If either, not-fy medical examiner) P.M. 19 21d INFURY OFCURRED 21e, PLACE OF INFURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Yourn County State
PH.		While Not while Voffice Building, ETC
t de t		drwork brwark 1/10/ 60 1/10/ 60
DIN by Py Sto		22a. I certify that (I) (this haspital) attended the deceased from, 19, ta, 19, that (I) (we) last saw the deceased alive an19, ond that in (my) (aur) opinion death accurred on the date and hour and from the
R: Len		couses stated above, (1) (we) (did) (did ngt) view the pady after deoth.
ATA STATE		226, DATE SIGNED
OR ATTENDING PI be refained by the DIRECTOR: After this je 3 shauld be dett ed with the State Di		1 STAFF DIRECTOR DIRE
d v b d d d d d d d d d d d d d d d d d	1	22d. PHYSICIAN'S 22e. ADDRESS
RAI GE		NAME(Type) 4-CF-REDRIFERING CULATER ALL
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camples director, page 3 shauld be detached far use as the burial-transit permit. Then please remave car should be fited with the State Dept. af Health prior ta burial, crematian, ar remayal, and in any event.	23.2	BURIAL, CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Page Page Shoul	4	REMOVAL (Specific) 5/22/1968 Sacred Heart Cemetery La Plata, Maryland
5-5-04	24	FUNERAL DIRECTOR O ADDRESS F. Of T. 250 REGISTRAR 250 REGISTRAR'S SIGNATURED
VR ATSON	"	a later to the state of the sta
2011 22. 138	1/	lichart tuneral Home my DATE MAY 21 1900



MARYLAND STATE DEPARTMENT OF HEALTH 37643 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Mrddle Last 20. DATE OF DEATH 26 HOURD requires that the death certificate be executed within 24 haurs after death. (Type or print) Doy 1968 Year Girl Gerhart Baby May 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS Female Caucasian May 4, 1968 7o. BIRTHPLACE (Store or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED XX country) DIVORCED [WIDOWED Maryland
10. CITY OR TOWN OF DEATH U.S.A. Prince Georges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Prince Geo. Gen'l Hospital Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d. JASIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 🗀 NO. 3833 Hamilton Street Maryland Prince Georges 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Jackson Gerhart Patricia Ruth Shank 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a). attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 🔲 Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County White Not while at work 22a. I certify that (this hospital) attended the deceased from. May 4 , 1968 , to May 5 , 1968 , that (t) (we) last saw the deceased alive an May 5 , 1968, and that in (xx) (aur) apinian death accurred an the date and hour and from the , 1968 , to May 5 , 1968 , that 6k (we) last saw the deceased alive an May 5 19 68, and that causes stated abave (k (we) (did) (transit) view the bady after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. May 5, 1968 DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Alvarado. Prince Google General Hospital Chevely

AATORY Zid. LOCATION (City or Town) (County) (Stole) 232 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL (Specify) (County) Maryland Prince George's General Cheverly, Maryland HOSO 1 150, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) PARKER, ASSOC. ADMINISTRATOR 30M REV 1/68 DATE



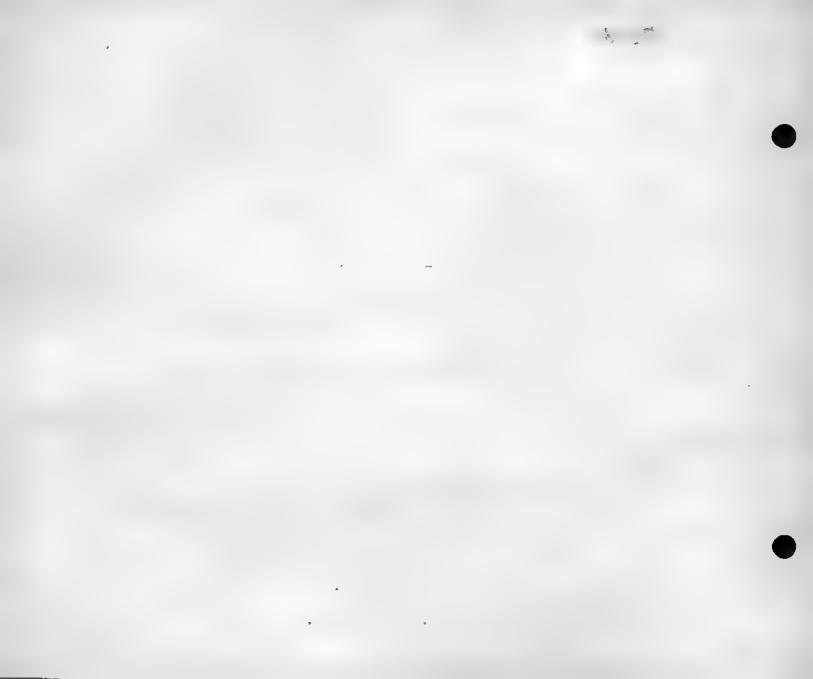
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07449 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last 2a. DATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Lucille W. Gibson S DATE OF BIRTH 6. AGE (In years 1F UNDER 1 YEAR 3. SEX 4. RACE lest-birthday) MONTHS 6/27/1877 Female Negro 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign country) British 9 COUNTY OF DEATH ve carbon papers. event, within 72 hau 8 MARRIED NEVER MARRIED signed by the attending physician and campletely filled in B buriat-transit permit. Then please remave carbon papers. I Prince Georges DIVORCED [WIDOWED PC West Indies USA ?? 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Glenn Dale Glenn Dale Hospital unknown unknown 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before/13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 3820 7th St., N. W. NO Wash., D. C 14. FATHER S NAME Middle M.ddle Last 15 MOTHER'S MAIDEN NAME First unknown Christopher Waltimer 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address NO S na ar unknawn) (If yes give war or do'es of service) cremation, or remayal, 577-66-1267 Decedent APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) RECURRENT DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PRETENSION AND ARTEBOSCIERO TIC CARDIOVASCULAR YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the b CEREBRIVASCULAR ACCIDENT by the haspital ar attending this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? detached for use e Dept. af Health p YES 🖂 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Coenty State White Not while at work Page 4 may be retained by n O FUNERAL DIRECTOR: After 22a. I certify that *() (this haspital) attended the deceased from 8/24/, 19.66, to 5/16/, 1968, that *() (we) lost saw the deceased alive on 5/16/ 1968, and that in (**() aur) apinion death occurred on the date and have and from the causes stated above, ** (we) (did) ********* the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 5/16/68 DEGREE DIRECTOR PHYS 22e ADDRESS Glenn Dale Hospital 22d. PHYSICIAN S NAME (Type) Glenn Dale, Maryland Moe Weiss, M. D. irectar, 23d_ LGCATION (Cityror Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa REC'D_BY_REGISTRAR VR A15 (4) 30M REV. 1/68



ì	1	nivisi	MAK1 ON OF VITAL RECOI	LIAND STAIF DI			IAND 21201	
FOR STATE		37645		EXAMINER'S				1. 12 43
HEALTH DEPT.	1 [rest	Middle	lost	OF DEATH		
MALIN DEFT.		Type or Print)					2a DATE KNOWN Month	Day Year 25 HOU
7 8 2	3 9	Thoma		lichael -	Glynn f JNDER I YEAR	IF JNDER 24 HRS	DEATH MATED 5	L 1968 a
deloy			S DATE OF BIRTH	6 AGE (In ye lost birthdo	y) MONTHS DAYS	HOURS MIN	2c DATE PRONOUNCED DEAD Month 5 Day /	Year 4 3 to 10
> . 2	12	male white			1110	FB 4 60		Year 19 63 3: -10
E S S S S S S S S S S S S S S S S S S S		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT C		MARRIED NEVER M		UNTY OF DEATH	
State De		Penn.	U. S.A.			ORCED	Prince George!	
s certificate shauld be executed within 24 hours after death e, writing the word "pending" in pencil in Item 18 Give Pages forwarded to the Chief Medical Examiner's Office along with fai used as a burial-transit permit. File pages land 2 with the State emoval, and in any event within 72 hours after death			give street	OF HOSP TAL OR INSTITU			CCUPATION (Kind of work done	12b. HAD OF BUSINESS OR INDUSTRIUT Ch School
after de 8 Give P along wi with the		Hyattsville	1,4310) Ladison S	trest	13d. INSIDE CITY JM IS?		School
s after 18 Gr along with death		USUAL RESIDENCE (Where dec dmission) STATE 11d	eosed lived, it institut on 13b COUNTY P.				13e STREET AND NUMBER	C1 4
hours office and 2 v	-	1410	4.6		attsville	YES 🔀 NO 🗌	1,310 Fadison	strert
24 hours a in Item 18 r's Office al	14	ATHER S NAME First	Middle	Lost	15. MOTHER S MA	AIDEN NAME First	Middle	Lost
in in sir's sir's es ins	\	William		Glynn		Margaret		Butler
within 24 pencil in xaminer's ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMI	ED FORCES? [16b.	. SOCIĂL SECURITY NO.	17. INFORMANT		ADDRESS	
Exam Exam File		No			John J.	Glynn	Philadelphia	
ate shauld be executed ag the word "pending" in ed ta the Chief Medical Es a burial-transit permit Fiand in any event within		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		or (o), (b), and (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be execute "pending" ief Medical insit permit		PART I DEATH WAS CAU	DIATE CAUSE (a)	<u>leart Failu</u>	re			minutes
ex end if p		4129		A CONSEQUENCE OF				
hiel ans		Conditions, if any, which gav rise to immediate cause (a	(b)	rterioscle	rotic Hear	t Disease	9	unlmown
shauld e word a the C surial-tr		stoting the underlying cous		A CONSEQUENCE OF				
te shauld be execute the word "pending" I ta the Chief Medical a burial-transit permit nd in any event withi		last	(c)					
a that de the and and		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTR BUTING T	O DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE OR CONDITIE	ON GIVEN IN PART 1(a)	
writing the word writing the word rwarded ta the Cl sed as a bural-tr	Z	, , , , , , , , , , , , , , , , , , ,						
te, writing the forwarded to be used as a lemoval, and	CERTIFICATION	190. DATE OF OPERATION	19b.	CONDITION FOR WHICH WAS PERFORMED?	OPERATION			20. AUTOPSY?
This crate, be for the unit of	RTIFE				<u> </u>			YES 🔀 NO
# - º		21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	216 TIME OF INJUI	RY Month, Day, Year	21c. HOW INJURY C	OCCURRED (Enter natu	ire af injury in Port 1 or Port 2, 1	tem 18.)
bical Examiner: se execute the certif ectar. Page 4 shauld ned far yaur files. RECTOR: Page 3 shoulc burial, cremation, o	MEDICAL	CAUSE OF DEATH	P.M	19				
	M.		e, PLACE OF INJURY (At he factory, office building, etc		21f LOCATION Stree	t or R.F.D. No.	City or Town	County State
XA Interpretation of the control of		AT WORK AT WORK	ractary, orner bonding, en					
ICAL EXA execute for, Page ed for you CTOR: Pag buriol, cre		22o. I certify that	I took charge of the re	emains described ob	ove, held on Aut	opsy 💢 , In	spection X, Inquiry X	ond in my opinio
ed ed bur		death resulted from	Notarel couses	X. Ancident	, Suicide ,	Homicide	Undetermined monner	
please e director retained DIRECT ar to bu		A	UN	1/	CH	IIEF MEDICAL EXAMIN	ER 🗍	
TY, ple eral di se reti SAL Di priar		ACTUAL SIGNATURE	2mn /	eff	M.D. AS	SISTANT MEDICAL EX	AMINER 225 DATE	SIGNED
Sory mer p		EXAMINER'S			114-	PUTY MEDICAL EXAM	INER 🛛	5-68
nocessary, please execute the funeral director. Page 4 5 may be retained far your to FUNERAL DIRECTOR: Page Health priar to burial, crem		NAME (Type) John Ke	choe M.D., L	ivergale,	Maryland A	DRESS(Street, city, to	wn, or county)	
70 the He	23c	BUR AL, CREMATION, 2	3b DATE	23c NAME OF CEMET			EOCATION (City or Town)	(Caunty) (State)
		REMOVAL (Specify) Burial	tay 7,1968	Our Lady	Of Grace	I.s	nghorne	Pa.
		FUNERAL DIRECTOR		ADDRESS		2So REC D BY RE	GISTRAR 25b REGISTRAR'S	SIGNATURE
VR A15ME (5) Fra:	ci	s Gasch's Sons	Hyattsvil	le, Md.		DATE MAY	9 196B Racco	ules Judge



1/8	te 12	em 18 film 402 MARYLAND STATE DEPARTMENT OF HEALTH 2-8 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE !	1	07446 Tem 12 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8 17 B
HEALTH DERI	1 0	DECEASED NAME First Middle Lost 20. DATE KNOWN Month De (Type or Print)	gy Yeor 2b HOUR
Poge		Brian William Gonter DEATH MATED 🖾 5-23-	68 197:30am
2, and 3 to PM3 Page		SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years let under 1 year 1 under 24 HRS. 2c DATE PRONOUNCED DEAD lost brithday) Months DAYS Hours Min Month 2009	2d HOUR 6819 8:15amw
5 0, a	70	BIRTHPLACE (State or foreign 7/0 CTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED VIEW MARRIED NEVER MARRIED VIEW MARRIED NEVER MARRI	0017 01270114
form, le D	COT	Prince George's USA WHOOWED DIVORCED Prince George's	M _C
EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, ar. Page 4 should be forwarded to the Chief Medical Examiners Office along with form 6 for your files. TOR: Page 3 should be used as a bunal-transit permit. File pages I and 2 with the State Divinal cremation, ar removal, and in any event within 72 hours after death	10. 1	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 120 USUAL OCCUPATION (Kind of work done 12	b KIND OF BUSINESS OR DUSTRY
fter Giv lang	13a.	a. USUAL RESIDENCE (Where deceased lived, if institution Residence before) 13c CITY OR TOWN [13d INSIDE CITY LIMITS? [13e STREET AND NUMBER	-
2 w der	_	ddmsson) iTaTe 125 COUNTY Bowie YES □ NO □ 12315 Winding L	ane
hin 24 haurs offe ncli in Item 18. Gi niner's Office alani pages Land 2 with haurs after death	14 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncil in 1 niners (pages 1 haurs o	<u></u>	Robert W. Gonter Joan D.	Denney
This certificate should be executed within 24 haurs after deather writing the ward "pending" in pencil in Item 18. Give Pagin be forwarded to the Chief Medical Examiners Office along with the used as a bunal-transit permit. File pages land 2 with the State remayal, and in any event within 72 haurs after death	100.	o WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (Hyes give war or dates of service) - 17. INFORMANT ADDRESS Mr. Robert W. Gonter (above a	address)
should be executed with we ward "pending" in pertain the Chief Medical Exambural-transit permit. File in any event within 72		IB. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (t)) PART I. DEATH WAS CAUSED BY. Pulmonary Edema & Congestion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding ding edic edic		IMMCDIATE CAUSE (a)	
e ey pen ef M sit p		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF SDII Interstitial Pneumonitis	
rd " Chii Chii		nse to immediate couse (a), (b)	
wa wa the		lost	
the s the d ta a bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 8(g)	
This certificate itrate, writing the be forwarded to do be used as a b ar removal, and	z	525X	
veri veri used	CATG	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This onte, or for the performance of the performanc	ERTIFI	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES X NO
INER: This certificate to certificate, writing the shauld be forwarded files. 3 should be used as a natian, ar removal, and	MEDICAL CERTIFICATION	21b. TIME OF INJURY Month, Day Year PRIMARY OF COURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A.M P.M. 19	18)
bical Examiner: se execute the certificator. Page 4 shauld ined for your files. tECTOR: Page 3 should burial cremation,	ME	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, farm, street, With the program of the progra	County State
ute uge yar yar cre		AT WORK AT WORK	
AL I		22a. I certify that I taak charge of the remains described above, held on Autopsy 🗵, Inspection 🖾, Inquiry 🔄,	
bical I lease exec director. Pr stained for DIRECTOR: or to burial		death resulted fram: Notivial causes , Arcident , Suicide , Hamicide , Undetermined manner	J
TY please y, please and directly be retained (AL DIREC		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SIG	AIPD
UTY, ieral ieral be RAL Pre		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1	24-68
ro DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial crem		Riverdale, Md. ADDRESS(Street, city, town, or county)	77 5 5
10 The t	23a	BORIAL CREMATORY 236 DATE 231 NAME OF CEMETERY OR CREMATORY 236 DOCATION (City or Town) (Co.	ounty) (State)
		REMOVAL Specify 5/27/68 Mt.Calvary Com. Wheeling, W.	
¥R A15ME (5)	24.	4. FUNERAL DIRECTOR Nalley's Funeral ADDRESS THE INITIAL ADDRESS TO HELD BY REGISTRAR ADDRESS TO HELD BY REGISTRAN ADDRESS TO HELD B	NATORE MALE
10M REV 1/68		DAMA1 2 (1300)	0 0
1- 0.201			





1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
· · · · · · · · · · · · · · · · · · ·		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	V 41
HEALTH (DEPT.)		ECEASED-NAME First Middle Lost 20 DATE KNOWN Manth Type or Print) OF ESTI-	
3 to 3 to 4 to 1	1	THEY ESA THUCKETT DEATH MATER 5 -	13 - 1968 7110 PM
> m 2 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5	3 S	A RACE S DATE OF BIRTH 6 AGE (In years F UNDER 14 YEAR 1F UNDER 24 HRS 2c DATE PRONOUNCED DEAD 1035 birth/goy) MONTHS OATS HOURS Min. Month	2d HOUR
ny deloy is 2 and 3 to PM3 age		Female White 111879 BEFYES MONTHS DAYS MONE Manth Day	1968 7:30 PM
		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
S O	caun	11) Illinois USA WIDOWED DIVORCED Prince Geor	gets Md.
orth toge th f	10. C	ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
de p		Clinton Give street oddress) Medical Center during most of working life, even if retired.)	INDUSTRY Home
s after 18. Give 18. Give 18. Give 18. Give 18. Give 18. Given 18.	130	USUAL RESIDENCE (Where deceased lived, functioning Residence before 13c CITY OR TOWN 13d INSIDERLY LIMITS? 13e STREET AND NUMBER,	10/
2 w dec	0	dmission) STATE Md. OPEN COUNTY Deorge. Clinton YES A NO - 7808 Woodyat	d Kd,
hours after deoth Item 18. Give Pages Office along with far Tond 2 with the State	14 F	ATHER S NAME First Middle Lost IS MOTHER S MADEN NAME First Middle	Last
24 F		John Gleason Unknown	
thin 24 miner's miner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Daughter) ADDRESS (Same as #13.)	`
INER: This certificate should be executed within 24 hours after death be certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages Tond 2 with the State Diation, or removal, and in any event within 72 hours after death	(,	(es, ne pounknown) (if yes gree wor or dotes of service) Unknown Marie Hackett (Same as #13)	
NER: This certificate should be executed will certificate, writing the word "pending" in pehould be forwarded to the Chief Medical Exarlies. should be used as a buriol-transit permit. File than, or removal, and in ony event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
dico dico with		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure	
exe endi Me t pe t pe		4/ ~ 4 DUE TO, OR AS A CONSEQUENCE OF	4.0
be ''p'		Conditions, if any which gove is is to immediate couse (a), (b) A Rteriosclerotic heart disease	UNKNOWN
ord ord e Cl		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho th ourse		(c)	
d to d to and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
orde as al, o	N.	,	
cert wrii rrwc rrwc nov	SATIO	196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ote, e fo	CERTIFICATION		YES NO RE
WINER: This of the certificate, a should be for a files. 3 Should be used a should be used a should be used a should be used.	(E)	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It HOW ALM.	em 18.)
rent rent les. Shou	MEDICAL	CAUSE OF DEATH P.M. 19	
MIN The Table	×	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white white hor white foctory, office building, etc.) 21f. EOCATION Street or R.F.D. No. City or Town	County State
DICAL EXAMINER: This certificate should be executed within 24 hours after death ise execute the certificate, writing the word "pending" in penal in Item 18. Give Page ector Page 4 should be forwarded to the Chief Medical Examiner's Office along with ined for your files. RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of burial, cremation, or removal, and in any event within 72 hours after death		AT WORK AT WORK	
Po Po for for iol,		220. I certify that I took charge of the remains described above, held an Autopsy 🔲, inspection 🔼 Inquiry 🖫	ond in my apinian
		death resulted from: Natural Jouses 🔀 , Actident 🗌 , Suicide 🔲 Homicide 🔲 Undetermined monner	
please I director retained		CHIEF MEDICAL EXAMINER	
AL P		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE	- 10 / 64
EPUTY DICA ssory, please e funeral director ay be retained JNERAL DIRECT		EXAMINER'S DEPUTY MEDICAL EXAMINER	5-13-68
necessory, please execute the certificate, writing the word "pending" in the funeral director. Page 4 should be forwarded to the Chief Medical E. 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. Fileolth prior to buriol, cremation, or removal, and in any event within		NAME (Type) ADDRESS(Street, city, town, or county)	
5 = + ~ 5 =	23a	BLENIAL (REMATION, 23b DATE 23c NAME OF (EMETERY OR (REMATORY 23d. LOCATION (City or Town) 4 LIFTS (1) 5-16-68 Mt. Carmel Cemetery Hillside. Cook C	(Caunty) (State)
VR A15ME (5)	24.	FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRARS 308 Suitland Rd. SE. Suitland, Maryland DATE MAY 16 1968	signature
10M REV 1/68	43	308 Suitland Rd. SE, Suitland, Maryland DATE MAI 16 1968	



			MARYLANI	D STATE DEPARTMENT OF HEALT	TH CONTRACTOR OF THE CONTRACTO
All Indiana	1		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIMORE	E, MARYLAND 21201
*			# # A II - 1 # 1	ERTIFICATE OF DEATH	07454
	- St.	1. D	TEASED-NAME First Middle	Lost 20	ATE DE DEATH 2b. HOUR
	to present	(1	pe or print) E > 1 T H	40111	Month Doy 6 Year 10 PM
	to de	3. 51	I.A. RACE	S. DATE OF BIRTH	6 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
	by the Pages outs after		FW	DEC 23/88	6 AGE (in years FUNDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS DAYS HOURS MIN
	Tool Pool	7a coul	RYHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	MANKIED NEVEK MANKIED	KTY OF DEATH
	24 linger		MARYLAND USA	WIDOWED DIVORCED	rince George Md.
	thin y fille in po vithin	10. (TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INST		PATION (Kind of work done vorking life, even if retired) LER X
	d wind arboration of the second	130.	SUAL RESIDENCE (Where deceased lived, if institution, Residence before	1360 CITY OR TOWN AT361 INSIDE CITY LIMITS?	130. STREET AND TRUMBER
	cuter ampl	odm	sion) STATE THE 136 COUNTY CO. GE.	Ennapole AVES TO TO	13af 16
	PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e hospital ar attending physician. The attending physician and campletely filled in by the funeral his certificate has been signed by the attending physician and campletely filled in by the funeral stacked for use as the burial-transit permit. Then please remove carbon papers, Pages and Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 bours after death.	14.	ATHER'S NAME First Middle Lost	IS. MOTHERS MA DEN NAME First	M ddle Lost
	ate tician lease and		WAS DECEASED EVER IN U.S. ARMED FORCES? Is mig. graph(ngwr) 1 (1/yes gave wer or dates of service)	IO. 17 INFORMANY	· Address 70 a3 Wakefarest
	rtific phys en p		s, IIIa, ar unknown) (if yes give war or dates of service)	Mrs Jane & Se	unpsan College Back Surg.
	h ce ing l		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1 DEATH WAS CAUSED BY:	1 1 1 1	APPROX.MATE INTERVA. BETWEEN ONSET AND DEATH
	end mit.		IMMEDIATE CAUSE (6)	na degenenter	37.
	he att		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF	ale	1602-2
	nat 1 nat 1 nnsit		nse to immediate cause (o),(mere con a series of the control of	
	The law requires the attending physician has been signed by se as the burial-track the priar taburial, cre		storing the underlying couse lost. 42 2 /		
	ahys ohys igne uria uria		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CONDITIE	ON GIVEN IN PART 1(o)
	ng F en s en s te b	_	Antre annyon		
	the law ratending attending has been se as the h priar ta	ATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PER	RFORMED 20g AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	The att	CERTIFICATION		YES NO NO	CAUSES OF DEATH?
	AN: all ar icate iar u		216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 310 OR CONTRIBUTING 32 CAUSE OF DEATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter nature	of injury in Port 1 or Port 2, Item 1B.)
	Spite spite ed ted of	MEDICAL	(If either, notify medical examiner) P.M. 19		
		~	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACT While Of Work OFFICE BUILDING, ETC.		City or Town County State
	ATTENDING etained by th CTOR: After t should be de		22a. I certify that (1) (this haspital) attended the decease saw the deceased alive an	d fram, 1940	ta \$754.3 , 1965 , that (I) (we) last
	END ned N: A uld the S		saw the deceased alive an causes stated abave, (I) (we) (did) (did nat) view the b	/, and that in (my) (aur) apinian d andy after death.	death accured an the date and haur and fram the
	ATT etair CTO shoot ith	ı	22b SIGNATURE		22c. DATE SIGNED
	OR red weed w		Orbert & ht men	22 DEGREE PHYS DIRECTOR	STAFF PHYS.
	TAL May Page Page Fill be fill		22d PHYSICIAN'S ROBERT S. McCENEY, M. D.	22e. ADDRESS	
	NER NER Itar,	O.B.	402 MAN 31.	CANTIEN OD CAPITATONY	(DCATION ICA A TANA)
	O HOSPITAL OR Page 4 may be re O FUNERAL DIRE director, page 3 shauld be filed w	230.	BURIOL CREMATION, 23b DATE 23c NAME OF C	CEMETERY OR CREMATORY Cem. 23d	COCATION (City or Fown) (County) (Stote)
		24.	UNERTH DIESCOR ADDRESS	250 REC'D BY REGIS	STRAR ZSb. REGISTRAR'S SIGNATURE
	VR A15 (4) 30M REV 1/68		wind I radiolar not the 12 18	MAY DATE MAY	8 1968 Schooles Judge

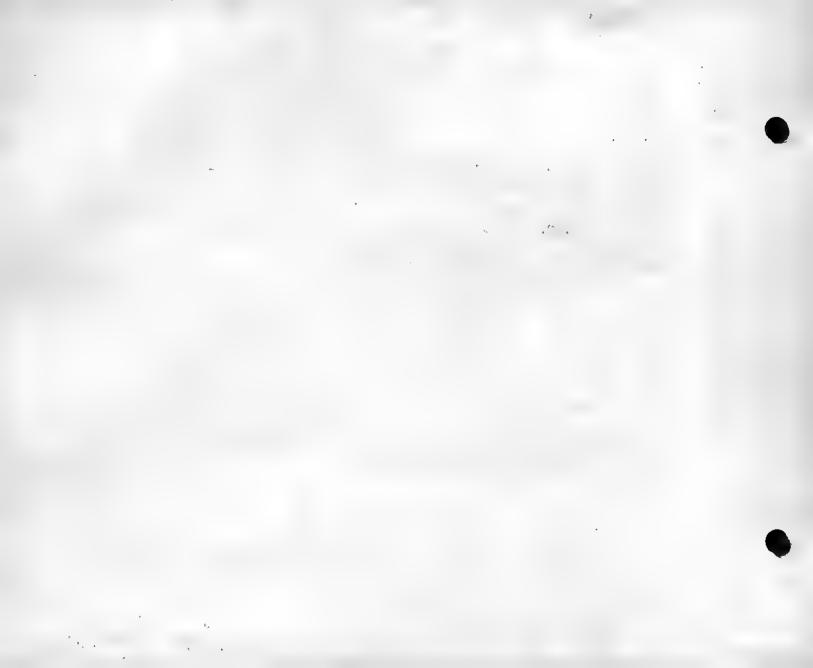


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEALTH DEPI** First 1. DECEASED NAME Middle 2g DATE KNOWN 2b HOUR Month (Type or Print) ESTI Poge delay is and 3 to DEATH MATED \$ 5-9-68 42ant David 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR PM3. last buthday) 68 99:15am 26 Male White 4-8-1942 YRS 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Give Pages 1, with form country) W. Virginia U.S.A. WIDOWED | DIVORCED [Prince George's Jond 2 with the Stat 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ofter death give street address)
Prince George Hospital School during mast of working life, even if retired) Cheverly Office olong 130 USUA, RESIDENCE (Where deceased I ved, if institution, Residence before 13c City OR TOWN 13d NSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Lary Land 13b (OUNTY Prince George in pencel in Item 18. YES NO 5910 Cherrywood Terrace Greenbelt 24 hours 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First M.ddie Middle Ralph T. Hall Mildred Gutshall should be forwarded to the Chief Medical Examiner's poges hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (Yes_no_or unknown) 232 68 3302 Selina E. Hall Same as #13 (wife) APPROXIMATE INTERVAL be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain "pending" event Skull fracture DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise ta immediate couse (a) This certificate should please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Ξ and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) D SD 11.4 or removol. nsed 190. DATE OF OPERATION 196 COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO S YES 🗀 21g. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b TiME OF INJURY Month, Doy Year 3 should PRIMARY NOR CONTRIBUTING CAUSE OF DEATH HOUR A M cremotion. EXAMINER: Driver of car involved in collision. -9- 1968 7:40am21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, City or Tawn County State factory, office building, etc.) AT WORK AT WORK Rt. FUNERAL DIRECTOR: Poge 202 and Barlowe Road, Kentland, Prince George Co. Maryland buriol 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry [X], ond in my opinion Accident 30. Suicide . Hamicide | death resulted fram: National causes Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-10-68 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 moy TO FUNE Health ADDRESS(Street, city town, or county) NAME (Type) Jøhn Kehoe ID Riverdale, Md. 23c NAME OF CEMETERY OR CREMOTERS
Wallace Memorial 230. BURIAL, CREMATI 23b. DATE 5/13/68 23d LOCATION (City or Town) (County) BREMPYAL IPEC West Virginia Clintonville ADDRESS 24. FUNERAL DIRECTOR VR A15ME (5) Francis Gasch's Sons Hyattsville, Md. 10M REV 1/68



MAKTLAND STATE DEPAKTMENT OF HEALTH





MAKTLANU STATE ELTAN MENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH funeral I and 2 er death. E. Harden (Type or pnnt) Twila Month Mav 4 RACE S. DATE OF BIRTH 8-11-1905 3 SEX 6. AGE (In years F JNDER YEAR hours after White last hirtaday) Female ZHTHOM DAYS To. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔼 NEVER MARRIED country) Prince Georges Kansas United States WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH

Greenbelt Md.

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital are in hospital and in hospital are in hospita 12b. KIND OF BUSINESS OR within UNDUSTRY HORE attending physician and campletel permit. Then please remave carb burial, crematian, ar removal, and in any event, requires that the death certificate be executed admission) STATE 13b. COUNTY P.G. Md. Beltsville YES NO F Agriculture Research Ctr. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Middle Unknown Unknown Beltsville. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Unknown) Eldon J. Harden none APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for(a), (b), and (c) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (e), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health prior to 286. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES -Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21d. INJURY OCCURRED 21f. LOCATION Street or R F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this hospital) mended the deceased framsaw the deceased alive an 19 and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (1) (re) (did) (did not) view the bady after death. ATTENDING DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION Fort Lincoln Crematory rince George 250. REC'D BY REGISTRAR
DATE MAY 2 4 1968 2011 8434 Gebraia Ave. Pumphrey. Inc. Silver Spring. Md. 30M REV 1/68

arden

. . . . I posenia de sono unas sa

"galland

Sistisans Enterne

				DUGGION OF		NO STATE DEPARTMENT OF				
9			57254	DIVISION OF		, 301 W. PRESTON STREET, BALL	IIMORE, MAI	RYLAND 21201	7 1-14	2 00
	171	Zŀ	***			CERTIFICATE OF DEATH	10 0175 05	0.51.9(1	7.7.	
hours after death.	the funeral ages 1 and 2 after death.		1. DECEASED-NAME Fit (Type or print)	Annie	Middle R.	Lost Harrison	20 DATE OF May	Month 15, Do	^y 1968 ^{ear}	2b. HOUR 5 A. M
J. G.	fer	ľ	3 SEX	4. RACE		5. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
s of	E BZ	-1	Female	Negro		8/16/03		last birthday) 64 YRS.	MONTHS DAYS	HOURS ANNE
O Par	Sours A		70 BIRTHPLACE (State or foreign	7b. CITIZEN OF WH		8 MARRIED NEVER MARRIED	9 COUNTY OF	DEATH		
24 A	·		MARYLAND	Un	5.4	WIDOWED XXX DIVORCED	Prince	Georges		Md
. <u>e</u>	fille pa fhin	Li.	10 CITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a USU		(Kind of work done	12b. KIND OF E	BUSINESS OR
witi	bon wit	7	Cheverly	Pri	ince Geo.(Gen'l Hospital 🐪		life, even if retired.)	INDUSTRY	
The law requires that the death certificate be executed within 24	and completely filled fin remove carbon papers n any event, within 725	1	130 USUAL RESIDENCE (Where deco	eosed lived, if instituti	on. Residence before			REET AND NUMBER		
БСП	com ove y ev		Maryland		Georges	upper Mariboro -		2453		
6	ond rem	7	14 FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle		Last
e P	on (ase nd ii	-	MT. FREE		16b SOCIAL SECURITY		775	VON	€ 5	
ficot	ysrci ple 1, o			val war or dates of service)	100 SOCIAL SECORITI	NO IT INFORMANT	110	Address	1010	01 13
in a	phi hen navo	ŀ	10 CANCE OF PEATH (Fax		1 () () ()	VIATIE GXA	U/-	PER MI	APPROX N	MATE INTERVAL
€	ding ren		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU IMME	only one couse per lin ISED BY:	ie for (o), (b), and (c	1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2		BETWEEN OF	NSET AND DEATH
qea	tten rmij		:// IMME		conge of	all start face				
the	the attending prinsit permit. The		Conditions, if any, which gay		S A CONSEQUENCE OF	1132-1	Lean	0 -		
hat	n. yy ‡ onsi		rise to immediate couse (o stating the underlying cous), (S A CONSEQUENCE OF					
es +	ed be		lost. 4 2 1	(c)						
dinb	ottending physician. hos been signed by se as the burial-tror th prior to burial, cre.		PART 2. DTHER SIGNIFICANT	ONDITIONS CONTRIBUT	TING TO DEATH BUT I	NDT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)	*	
- G	ng en he to b		= Carca	none	of the	annhan	*			
No.	endi s be as f		190. DATE OF OPERATION 11	L CONDIT ON FOR WHI	CH OPERATION WAS P	ERFORMED 200 AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
The	ho ho	JK.	žį.		/	YES NO X	X CAUSES	OF DEATH?		
	or us Health		210. ACCIDENT WAS UNDERLY		INJURY Month Doy Year	21c HOW INJURY OCCURRED (Ent	er nature of inju	ry in Part I ar Part 2,	Item 18.)	
S	spire ed f		If either, not fy medical exo	miner) P.M.		19				
TENDING PHYSICIAN:	be retained by the hospital DIRECTOR: After this certific, ye 3 should be detached fo led with the State Dept. of H		21d INJRY OCCURRED 2 While Not while	B PLACE OF INJURY (OFFICE BUILDING ETC	ACTORY) 21f LOCATION Street or R.F.D No	a. Eity	ar Tawn	County	State
5	the deri		OI WORK OF WORK	M L A. IV A.		. I.f. 3.c. 4.4 10	(O 1-)		40 41.1	(1) () 1 .
N N	Affe Affe be Sto		sow the deceased	olive on May	r 15	sed from <u>May 11</u> , 19_ 19 68 _, and that in (ex) (our) ap	union deoth o	May 15 , 17	ote and hour o	(is (we) last
EN.	ed S .		causes stated abo	ve, (did) (we) (did) (dedicated view the	body after death.				
~ ₹	with with		226 SIGNATURE		1	ATTENDING -	MED _	STAFE COL	DATE SIGNED	
0	DIR ge		Make	1777		DEGREE PHYS.	DIRECTOR L	PHYS. KX	lay 15,	1968
ITA	4 may		22d. PHYSICIAN'S NAME (Type)	hout Doden	w b	22e. ADDRESS	~~~~ C	onomal Had	_1+_1 Cl	n a
TO HOSPITAL OR	Page 4 may be retained by the hospitol ar offending physician. **TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled adjunctor, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon page should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 7.	ŀ		bert Deitz		CEMETERY OR CREMATORY		eneral Hos		apyl)and
H	o FUN direct shoul		BEMOVAL (Specify)	- 18-68	3 MARE UP	COLLING T	10/AC	HINGT!	24/ 3	Chipmontu
Ξ.	=		24. FUNERAL DIRECTOR	0 1 0	A APORES	S 2So RECD	BY REGISTRAR	25b REGISTRAR S	SIGNATURE	
	YR A15 (4) 30M REV 376	18	Kollins 4	559-A	und Th	- DIZ DATE M	AY 17	1968 200	coul !	det
		k							77	-0



Michigan Street, Stree	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	: 4 .)
HEALTH DEPT.	I. DECEASED NAME First Middle Lost 20. DATE KNOWN Mont (Type or Print)	h Doy Yeor 2b HOUR
Poge 8	(Type or Print) I awrence N Harrison DEATH MATED T 5-	30-68 197:00pmm
	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (n years IF LNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Mapple	2d HOUR
y delp	Male White 10-29-1903 64 YRS MONTHS DATS MOURS MIN Month 300y	68 197:20pm M
any 2, n Pr	70. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9 COUNTY OF DEATH	
S S S	(country) England USA WIDOWED DIVORCED Prince George's	Md
5 Z = 3	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of worked on during most of workeng life, pgen if relified.	
5 3 4	Cheverly Prince George Hospital Papall click	Continue
s after along along the state of the state o	130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN odmission), STATE 13b COUNTY 13c STREET AND NUMBER	
tem 18. Give Peg Office along with and 2 with he sed offer death	Taryland 7. 4. Taurel 10 10 13300 Deeril	
haurs aff them 18. Office alg Tand 2 wit	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncil in niner's pages 1 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT. ADDRESS ADDRESS OF	down
within 24 pencil in xaminer's ile pages 72 haurs	(Var an annual land)	11 conceant
l with per Exam Exam File	(Tes, 110, or Unknown) (Il yes give wor or dottes of service) 157-24 299 Mas Barbar Alexand	APPROXIMATE INTERPRE
thin thin	ASC CAUSE OF DEATH (Enter on y one couse per line for (α), (b), and (c)) PART I, DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATHY
ding ding ledin serm	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Heart failure	over 9 years
e e) pen ef N ef N	UE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Conditions, if ony, which gove	over 9 years
d b rd " Chii trar	rise to immediate cause (a), (b)	
should be executed 'ne ward "pending" in to the Chief Medical Eburial-transit permit. Fill in any event within	lost.	
This certificate should be executed cate, writing the ward "pending" in be forwarded to the Chief Medical E be used as a burial-transit permit. F	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
icate ng th ded (ded (10	
nis certific te, writin forwarde oe used as remaval,	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2)	20. AUTOPSY?
for for em	WAS PERFORMED?	YES NO 🔀
# _ 2 0 1	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2	!, Item 18.)
NER: s certi shauld files. s shoul attan,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 121e PLACE OF INJURY (At home force street) 21f LOCATION Street or R.E.D. No. City or Town	
	fadous off a builties and	County State
necessary, please execute the certification of the formal director. Page 4 shauld 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should Health prior to burial, cremation,	WHILE NOT WHILE TOCKETY, OTICE BUNDING, etc.)	
Pac Pac for for ial,	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry	X, and in my opinion
e e e e e e e e e e e e e e e e e e e	deoth resulted from: Natural causes 🖾 , /Accident 🗌 , Suicide 🔲 , Homicide 🔲 Undetermined manne	er
direct train to to	CHIEF MEDICAL EXAMINER	
AL AL	SIGNATURE M.D. ASSISTANT MEDICAL CARMITER	ATE SIGNED
EPUTY DIC. SSSCY, please efuneral director ay be retained NIERAL DIRECT	EXAMINER'S	5-31-68
TO DEPUT necessary the funer 5 may be 10 FUNERA Health p	NAME (Type) John Kehoe MD Riverdale, Hd. ADDRESS(Street, city, town, or county)	
5 = 2 5 H	230 BURIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town)	(County) (State)
Q	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256 REG STRAF	S CICARTIUM
VR ATSME (5)		
10M REV 1/68	Well it Vanaldran Laurel Mod DATE JIIN 6 1968 00	Gorda . Condac

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 27456 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle Lost 20. DATE KNOWN Year (Type or Print) ESTI-DEATH MATED Larshall Hightower IF UNDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR 5-1-1 191 19 7 : 28mm M iale Negro 70 8 RTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? form So. Car. U.S.A. WIDOWED [DIVORCED Prince George's 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR should be forwarded to the Chief Medical Examiner's Office along with Prince George Hospital during most of working tie, even if retired.) **INDUSTRY** Cheverly pencif in Item 18. Give with 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c City OR TOWN 13d. INSIDE CITY EIMITS? 13e. STREET AND NUMBER Prince eorge's 1114 69th. Place YES NO Landover lond 2 ofter 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME Middle Arthur Hightower Mary Lanham hours bades 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no or unknown) 1406 Boones Hill Rd., 251-58-9503 George Hightower File APPROXIMATE INTERVAL event within be executed 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH permit PART I DEATH WAS CAUSED BY "pending" Heart failure over 2 hrs IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease overó weeks buriol-transit Conditions, if any, which gove rise to immediate cause (a), This certificate should ony the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 writing or removol, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES 🖂 NO X pe 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M MEDICAL PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21f. sOCATION Street or R.F.D. No. City or Town 2)e. PLACE OF INJURY (At home, form, street, County factory, affice building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection 2 Inquiry X, ond in my opinion director. Notural couses . Accident . Suicide deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-2-68 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 moy 70 FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Kehoe ID Riverdale, Ild. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMAT OF 23b DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify, Removal 5/3/68 Colliers, So. Car. 1820 9th St 24 FUNERAL DIRECTOR 2Sq REC'D BY REG STRAR 25b REGISTRAR S SIGNATURE McGuire St., NW VR A15ME (5) DATE 10M REV, 1/68 Wash. DC



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost DECEASED-NAMI First Middle 20 DATE OF DEATH 2b HOUR requires that the death certificate be exec≡ted within 24 ha≡≡ after death (Type or print) ALFRED HOWELL 4. RACE 5 DATE OF BIRTH 6 AGE (n years lost birthdoy) 79 3 SEX IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS May 12, 1889 Male Cau. YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED signed by the attending physician and completely filled in 1 burial-transit permit. Then please remove corban papers. burial, cremation, or removol, and in any event, within 72 hr WIDOWED [DIVORCED [PRINCE GEORGE U.S. Hartford, Conn. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
PRINCE GEORGE GEN. HOSP. during most of working life, even if retired.) INDUSTRY CHEVERLY 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATMARYLAND 13P ROHMKCE GEORGE HYATTSVILLEYER NO [6808 Highview Terrace 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost Middle Lost Howell Grace Hurd George Dawson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) Mrs. Frances Locke Dau. Same as above IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o)

ANCER BETWEEN ONSET AND DEATH PHARYNX DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) nse to immediate couse (a), signed by 1 DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? NO X YES T 21o ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while 220. I certify that (I) (this haspital) attended the deceased from Jeff , 1961, to May , 1968, that (I) (we) last saw the deceased alive an May 16 1968, and that in (my) (our) apinian death occurred on the date and haur and from the couses stoted above, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22a. ADDRESS 341 5 Hamilton Street NAME (Type) ARNOLD G. BRODY. Hvattsville. Md 23c NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE (County) (Stote) CHENNA FOR GAY 5-17-68 Ft. Lincoln Cemetery Colmar Manor, Md. 1759. REC'D BY REGISTRAR Sons 1739 Balt. Avents Hvattsville, DATE

MARYLAND STATE DEPARTMENT OF HEALTH



		1		BRUGIAN AF I			EPARTMENT (
1_	, 1		· m · èn	DIVISION OF Y			STON STREET, E		, MARYLAND 21201	**50
*		1 0	. (5) 10			EKTIFICA			ATC AT STATE	
	death.		ECEASED NAME First Type or print) Geor	rop	Mrddle	Howel	Lost	2a. I	North 21s	2b HOUR
	the funerol ages 1 and 5 offer death	\		4. RACE						t 1968 / P M
	offer offer offer offer offer	13. 3	Male		ite		DATE OF BIRTH	1007	Jast birthday)	MONTHS DAYS HOURS MIN
	the the solution of the soluti	X -					May 7th		YRS.	
		COR	BIRTHPLACE (State ar fareign ntry)	75 CITIZEN OF WHA	II COUNTRY?		NEVER MARRIED		NTY OF DEATH	
	20 M 8 F	51	Dokane, Wash		45 OF HOSPITAL OR INST	WIDOWED	DIVORCED [PI	ince George	Md.
	in the second se	F	yattsville	a sa th	ME OF HOSPITAL OR INST	ns Cha	apelRdSt	na mast of w	PATION (Kind of work done varking life, even if retired) ARV Fraincer	126. KIND OF BUSINESS OR INDUSTRY
	ed plet car	13a	USUAL RESIDENCE (Where decea	sed lived, if institution	n Residence befare	13c CITY OR TO	OWN 13d INSIDE	CITY LIM TS?	13e STREET AND NUMBER	
	ecuted will completely ove carbo y event, w		Maryland STATE	Prince	George	Hyatt:	svilles x	F NO 🗆	2400 Queens	Chapel Rd
	e un de la company	14.	FATHER'S NAME First	Middle	Last	1	NOTHER'S MAIDEN NA	AME First	Middle	Last
	n o din	L	Georg		Howell		Louise			Miller
	cate sicio secio on	160	WAS DECEASED EVER IN U.S. AR	ver et dates el second	16b. SOCIAL SECURITY N		ORMANT		Address	77-2-23
	phy:				48607584	IA Ge:	nevieve	Howe.	ll Same as	13abc d
	ng Th		18. CAUSE OF DEATH (Enter or	ily ane cause per line	far (a), (b), and (c))	4.5.4				APPROXIMATE INTERVA, BETWEEN ONSET AND GEATH
	eoff andi:		PART I DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a)	myoca	egled,	infaite.			
	affic on,		4109		A CONSECUENCE OF					
	t th the sit p	1	Canditians, if any, which gave inse to immediate cause (a),	(b) C	atemacle.	the Con	diovanta	-des	are .	
	tha on. by ron		stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF					
	res sició sed al-t		lost.	(c)						
	Phy Phy Sign Suri		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEAS	E OR CONDITIO	ON GIVEN IN PART 1(a)	
	v reing	2	4201							
	lay endi	1 S	19a. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20a. AUTOPSY?	1	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	The att att has base in the	CERTIFICATION					1	10 🗖	CAUSES OF DEATH?	
	Lore cote		210 ACCIDENT WAS UNDERLYI			21c. HOW	INJURY OCCURRED	(Enter nature	of injury in Part 1 or Part 2, It	em 18.)
	Die Gerale	MEDICAL	OR CONTRIBUTING CAUSE OF OEA	ner) P.M.	Manth Day Year 19					
	hos cel che	¥	21 J. IN IPV OCC IPPED 21a	PLACE OF INJURY	AT HOME FARM, STREET, FACT DEFICE BUILDING, ETC.	ORY,) 21f. LOCA	TION Street at R.F.	D Na.	City or Town	County State
	the this detection of the De	1	While Nat while at wark							
	by the be of total	1	220 certify that (i) (th	is hospital otter	nded the deceose	d from	uly.	19_67.	to 9/14 21, 19	te ond hour ond from the
	Ped A Ped		sow the deceosed of couses stoted obov	olive on 7/10	ud no view the h	edu ofter de	hot ing(my) (our) opinion c	leoth occurréd on the dat	e ond hour ond from the
	the part of the pa		22b. SIGNATURE	e, (i) (we) (uid)(i)	and non view life b	ouy oner ue	u 111.			ATE SIGNED
	REC 3.3.5		///	11/1	- and	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF D	01 -19 6X
	y by		22d. PHYSICIAN S	Die	LZ JZ	, , ,	22e ADDRESS 10	e Ge	rge Plaza	43-116
	ma m	1	NAME (Type) RQ	bert			Hyat	tsvil	le, Md	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed w Poge 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit pilmit. The pleas remove carb should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event,	230	BURIAL, GREMATION, 23b	DATE	23c NAME OF C	EMETERY OR CE				(Caunty) (State)
	Pog o	1	SREMOVAL (Specify) 5	*25-1968	Mt Ol	ivet -		7,1	LOCATION (City or Town) ansas City M	(Caunty) (State)
		24	FUNERAL DIRECTOR		ADDRESS	On A	2So R	EC'D BY REGIS	TRAR 2Sb REGISTRARS	SIGNATURE
	VR A15 (4) 30M REV 1/68		Tala VAMA	H. 11 1.	21 1121 1	Y DO "	DATE	MAY 2		wells judge.



1	Tt.	em 18,2.2 film 402 makteand state department of health 12-68 mt Division, of vital records, 301, W. Preston, street, Baltimore, Maryland 21201	
FOR STATE		123450 Them # AMEDICAL EXAMINER'S CERTIFICATE OF DEATH	**
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month 1 Type or Print) OF ESTI-	Doy Yeor 2b HOUR
× 2/8 4	L	Daron Marshall Mu.s.er Death Mated \$25-6-6	8 19 IQ:00am
9 5 8 8 9 5	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (in years F JNDER 1 YEAR F JNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
> 6		Male	689 12 noom
		BIRTHPLACE (Stote or foreign 76 CIT.ZEN OF WHAT COUNTRY? 8. MARRIED MEYER MARRIED 9 COUNTY OF DEATH	
form form	1	Virginia U.S.A. WOUNTED Prince George's	Md.
hours ofter deoth them 18 Give Poges 1, Office along with form. I and 2 with the State De-	J" '	give street address) during most of working life even if retired)	26 KIND OF BUSINESS OR NDUSTRY
Sive ng h	130	Cheverly Prince George Hospital USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d. ANSIOE CITY LIMITS? 13d. STREET AND NUMBER	
W == 1 - 0 /	0	druission) STATE 136 (C.INTY George Bladensburg YES NO D 5000 Emerson S	treet
hours Item 11 Office I and 2	14	FATHER'S NAME First Middle / Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	L	Les Hummer Winfred A	sewer
within 24 pencil in xaminer's Le pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (espo. or unknown) (If yes give wor or dotes of service) (17 INFORMANT)	4. p1 (il) 1/4
d within 24 in pencil in Examiner's Examiner's F. le pages in 72 hours	\vdash	no tes frammer. 6/19 Coto	APPROX MATE INTERVAL
be executed 'pending'' in the Medical E ansit permit. Fevent within		18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
nould be executed word "pending" if the Chief Medical riol-transit permit.			
be e per ref nsit		Conditions, if only, which gove) STIT	
ould I		rise to immediate couse (a). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be executed no word 'pending'' is the Chief Medical buriol-transit permit.		lost. (c)	
\$ = = 0 E		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rifico riting rarder a os d os val, o	NO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certific ote, writin e forward be used os	CERTIFICATION	WAS PERFORMED?	YES # NO
MINER: This of the certificate, at should be four files. The files of the motion, or remember of the motion, or remember files.		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, iter	
INER: T e certific should b files. 3 should ortion, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
(AMINER: te the certi e 4 should rour files. age 3 shoul cremotion,	WE!	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f EOCATION Street or R.F.D. No. City or Town	County State
XA XA you you cre		WHILE AT WORK AT WORK TOCTORY, OTHICE DUHRING, BIC]	
ICAL E executor. Po ed for CTOR: burial,		22a. I certify that I taak charge of the cemains described above, held an Autopsy 🖾, Inspection 📑, Inquiry 🔼,	and in my opinian
director director etoined DIRECT		deoth resulted from: Notural causes 🔝 Accident 🏳 / Suicide 🗀 , Hamicide 🗀 , Undetermined manner [
		ACTUAL CHIEF MEDICAL EXAMINER CONTROL OF THE PROPERTY OF THE P	
		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATE ST	5-7-68
O DEPUTY O DEPUTY O DEPUTY The funeral direct S moy be retoine O FUNERAL DIRECT Health prior to		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS (Street, city, town, or county)	7-00
D T T T T T T T T T T T T T T T T T T T	230	BURIAL CREMATION, 236 DATE , 236 NAME OF CEMETER OR CREMATORY 23d ACCATION (CITY OF TOWN) /	County) (State)
_		BENOVALISERY 15/9/68 Hellstore for	idam 1/2
100 63 Excl. E.	34	FUNERAL DIRECTOR 250. REC D BY REGISTRAR 250 REGISTRAR S SI	SNATURE Quedar
VR A15ME (5) 1,0M REV /68	14	Son Whereast Ferneral Home Ko churtle med DATE MAY 9 1968 Jelia	0 0
	/	•	



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17.35
HEALTH DEPT.	I. DECEASED-NAME First Middle Lost 20 DATE MADWART Models	lay Year 25-Hour
5 0 9 T	(Type or Print)	L8 68 3 2
delay is and 3 to M3. Page Tment of	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years I F UNDER 1 YEAR F UNDER 24 HRS 20 DATE PROMOUNTED DEAD	2dy HOUR
del mme	M Negro 10 Mar., 1)08 60 yrs. Months on Hours Min. Month 5 Doy 18	Year 68 ZI
E 7 20 8	70. BIRTHPLACE (Stote or foreign 7b CITYZEN OF WHAT COUNTRY? R MARRIED TNEVER MADD OF 3 2 COUNTY OF DEATH	27 - 1 23 m
T = 1	Washington, D.C. U.S.A. WIDOWED X DIVORCED Prince George	Md
Sr Sr Sr	The state of the part of the p	6 KIND OF BUSINESS OR
offer death 8 Give Pages along with fr with the Stan	Cheverly Fince deorse hosp.	DUSTRY
s after 18 Gir 18 diang 2 with death.	130 USUAL RESIDENCE (Where deceosed ived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY	Apt 101
urs of a 18 ce c	District of Columbia Mash. BX NOL 2544 Naylor Rd.	., S.E.
tem 14 Office 1 and 2 ofter d	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lost
thin 24 niner s pages 1 haurs c	William Hutchinson Catherine Brown 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS.	
thin mini pag	(Yes, no. or unknown) I fit we must an almost of secure)	Sister
l wid n pe Exar Exar File	Elizabeth Lampkins-2544 Naylor Ro	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E onsit permit. F event within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
xec ndin Nedin peri	4129 IMMITDIATE CAUSE (0) Heart failure DUE TO, OR AS A CONSEQUENCE OF	.än.
per ief /	Conditions, if ony, which gove)	0.770.70 T .770
autd I word he Ch ial-tra any e	stoting the underlying cause (b). (b) ANT DISCRETOLIC NEAR OLSEAL E DUE TO, OR AS A CONSEQUENCE OF	over l yr.
shauld be executed ne word "pending" in ta the Chief Medical burial-transit permit. I in any event within	lest (c)	
5 = 5 = 5	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica ting trde as as	4300 part - W-134	
his certi ate, writ e farwa be used remava	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
in the second		YES NO K
医工 平 5	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item HOUR A M.	18)
NER rear hou illes. sho sho	CAUSE OF DEATH P.M. 19	
	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street white Not white at work At work	County State
DEPUTY DICAL EXAM cessary, please execute the funeral directar. Page 4 may be retained for your FUNERAL DIRECTOR: Page calth prior to buriol, cren		
ICAL seece far. Pe ed far. Pe CTOR:	22a. I certify that I taok charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and in my opinion
please e director retained DIRECT	death resulted fram: Natural causes 25, Accident 17, Suicide 1, Hamicide 1, Undetermined manner	J
y, plerid dinger the prior to	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	MED
ury ary, heral be prii	TO THE THE PARTY OF THE PARTY O	3-68
ro DEPUT necessary the funera 5 may be 0 FUNERA Health p	NAME (Type) NETTO THE TOTAL EXAMINER (Type) ADDRESS (Street, city, town, or county)	
TO DEPt necesso the fun 5 may 10 FUNE Health	230 BURIA, CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 230 TOCATION (City or Town) (Co	ounty) (State)
	Burial 5/22/68 Den Ester Suttoned Med	
(K)	24 FUNERAL DIRECTOR 250. REC D BY REGISTRAR 256 REGISTRAR'S SIG	
VR A15ME (1) / W	John T. Rhines Co. Funeral Home DATE MAY 24 1968	arles Judge



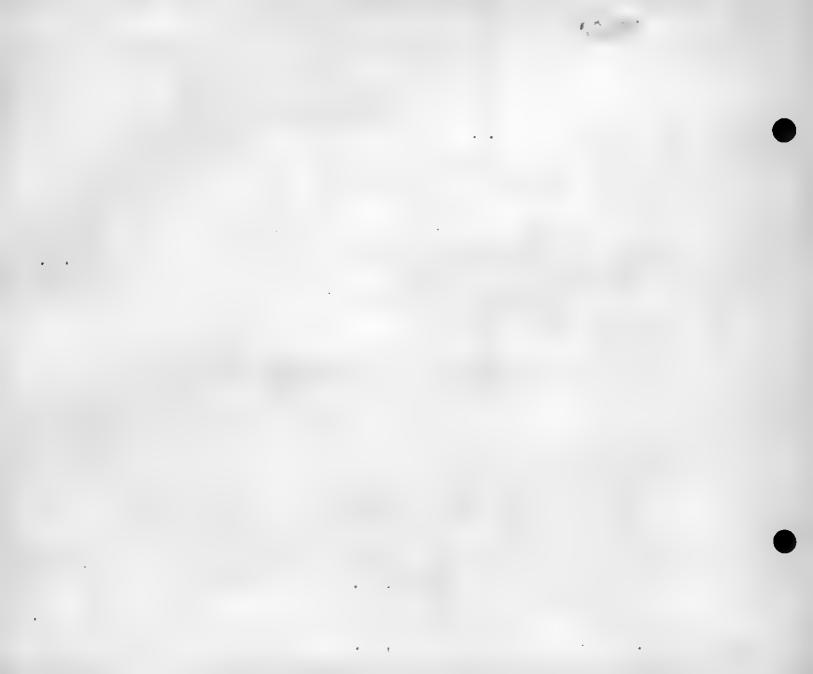
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 7 40 53 (2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH First 1. DECEASED NAME Middle 20 DATE KNOWN THE Month Year (Type or Print) EST1-Terry Iekel DEATH MATED U IF UNDER I YEAR 4. RACE 6 AGE (In years IF UNDER 24 HRS. 2d HOUR 3 SEX S. DATE OF BIRTH 2c DATE PRONOLINCED DEAD and 9:15M 27 Oct 1945 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH farm country) New York USA DIVORCED [7] Prince George WIDOWED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working | fe, even if retired | Housewife give street oddress) with the S Suitland AAFB Hosp. Home 4 shauld be farwarded to the Chief Medical Examiner's Office along 130 USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c CTY OR TOWN 136. INSIDE CITY LIM TS? 13e STREET AND NUMBER 24 hours af in Item 18. 13b COUNTY odmission) STATE 4110 H Wyoming Circle YES NO 🗔 Loring AFB l and 2 t after IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Firs# Middle Grace Walsh Vincent Boland bodes 16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (Husband) **ADDRESS** be executed within in pendi (Yes, no, or unknown) (If yes give war or dates of service) Frederick J. Iekel Same as #13 Unknown File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY. Laceration of brain stem minutes IMMEDIATE CAUSE (6)_ DUE TO, OR AS A CONSEQUENCE OF a burial-transit Conditions, if ony, which gove) Bilateral hemothorax and rise to immediate cause (a). certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Lupus Eruthematosis over 6 months. 190. DATE OF OPERATION 196. COND T ON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🗔 NO 🔲 21c. HOW INJURY OCCURRED (Enter nature of in any in Port 1 or Port 2, Item 18.) 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should MEDICAL PRIMARY OR CONTRIBUTING CALSE OF DEATH HOURAM. 5-10-19 68 Stepped off Window ledge 8.27PM 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) Andrews AFB Hosp FUNERAL DIRECTOR: Page WHILE HOT WHILE Suitland Prince George Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy [X]. Inspection [2] Inquiry X, and in my opinion Natural couses (Accident Surcide Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 5-10-68 John Kehbe, M.D., Riverdale DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) the 23a BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. EDCATION (City or Town) (County) (Stote) REMOVAL SPECIF St. Paul of the Cross Cem. Honeoye, New York 5-14-68 24 FUNERAL DIRECTOR Wilhelm Fineral Home 4308 Suitland Rd. SE, Suitland, Maryland 2So. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Musica VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DER DECEASED NAME Errst Middle 2a DATE KNOWN X Month Year 7b HOUR (Type or Print) Page Mabe] Jones 12amM DEATH MATED with the Stote Department 6 AGÉ (In years IF UNDER 1 YEAR FF UNDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH? 2c DATE PRONOUNCED DEAD 2d. HOUR P.M3 1885 6819 9:112amm White Female 70 8 RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form WIDOWED [DIVORCED New York U.S. A Prince George's 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of warking life, even if retired.) give street address)
Prince George Hospital Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Landover 7517 Warner land2 ofter 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME M.ddle Last Charles Conklin Jones Louise hours poges 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** executed within (Yes, no. or unknown) Porter Funeral Home Bloomfield, N. J. File within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY writing the word "pending" IMMEDIATE CAUSE (a) Acute cerebral infarction, left DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Ξ. or removol, and rertificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 00 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? execute the certificate. This YES 🔀 NO 🗍 pe 210 EXTERNAL CAUSE WAS 21b TIME OF INSURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City of Town County Stote factory, office building, etc.) AT WORK AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy [3], Inspection 3 Inquiry [3]. ond in my opinion death resulted fram: Natural causes [X] Suicide 🗍 Acadent Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral **SIGNATURE** DEPUTY MEDICAL EXAMINER **EXAMINER'S** may ADDRESS(Street, city, tawn, ar county) NAME (Type) Kehoe Riverdale, Md. the 23b DATE 23d LOCATION (City or Town) 23a BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY (Caunty) (Stote) REMOVAL (Specify) Greenwood Brooklyn Burial 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REG STRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME [5] F. Gasch's Sons Hyattsville. Md. 10M REV 1768

MARYLAND STATE DEPARTMENT OF HEALTH



. /		0 2 17 10	BUILDN OF	MARTLAN	201 HE D	DEFARIN	DEET DAITHAG	ATTI		
2- 1/	Τ.	274623h fil	G401	6/6/68 en	JUL W. P	KESTUN SIT	REEL, BALLIMO	RE, MARYLAND 21201		8
7	d. t				EKIIFI					
5 - 8 =		CEASED-NAME First (Pe or print)		Middle		Last	20	DATE OF DEATH Month Do	Year-	2b HOUR 7:35
4 14 5 8		MITII			J	ones		May 25		P, M
	3 SE	(4. RACE			S. DATE OF B		6. AGE (In years last birthday) YRS.		UNDER 24 HRS.
S S S		Male	Negr			8/3/				
synon synony	7o B	IRTMPEACE (State or foreign 7)	b. CITIZEN OF WI			NEVER MAR	(KIED	JUNTY OF DEATH		
72 per 7		Maryland	U.S.A		WIDOWED			ince George"s		Md.
il and the second	10. CI	TY OR TOWN OF DEATH	Olve:	AME OF HOSPITAL OR IN! street address?	TITUTION (IF r	not in hospital	during most of	CUPATION (Kind of work done working life, even if retired)	126 KIND OF BU	SINESS OR
with with ban ban		Glenn Dale	3	street address) Glenn Da	le Hos	pital		warking life even if retired) wn - Retired		
ted uplet vent	13a. admi:	USCAL RESIDENCE (Where deceased isian) STATE	lived, if institut 13b COUNTY	tion: Residence before			34 INSIDE CITY LIMITS?	13e STREET AND NUMBER	0.5	
cam cam cam		D.C.				ngton		625 K Street	., S.E.	
nd rem	14. F	ATHER'S NAME First	Middle	Last		S. MOTHER'S M.	AIDEN NAME First	Middle		Lost
e be	4.	Wilson		Jone		DIFORMALIT	Susa			?
sicio	160 Yg	WAS DECEASED EVER IN U.S. ARMED s, na, ar unknawn) (If yes give war NO	r dates of service)	16b. SOCIAL SECURITY		INFORMANT	- 4 \	Address		
phy en ova	J			577-16-05		Decede	חב)		APPROXIMA	T INTERVAL
in the canal in th		 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED E 	one couse per N	ne far (a), (b), and (c) evere coro) Norme o	ntom:	thereed	മൗറമാ	BETWEEN ONSI	T AND DEATH
deat tend mit.		*MMEDIATE	CAUSE (a)		italy a	T octh	e one o o o	610212	years	
he at per		Conditions, if ony, which gove	DUE TO, OR	AS A CONSEQUENCE OF						
at the main main		rise ta immediate couse (a),	(b)	tr a courrequeue or						
equires that the death certificate be executed within 24 hours at physician. signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carbon papers. Page burial, crematian, ar removal, and in any event, within 72 hours after the please in the please of the pl		stating the underlying cause		AS A CONSEQUENCE OF	he a	athero	golerotic	cardiovascula	r vears	
uire nysid gned irral		DART 2 OTHER SIGNIE CANT CONDI	TIONS CONTR B	A CAL DELISTA	OT DELATED T	O THE TERMINA	N DISEASE OPPOSITE	TON CIVEN IN PART 1/A)	ri lyears	
requires that the death certificate be executed within 24 g physician. signed by the attending physician and campletely filled by the attending physician and campletely filled by the attending physician and campletely filled a burnal, crematian, ar removal, and in any event, within 72		PART 2. OTHER SIGNIF CANT COND Luctic aortiti	s with	aortic ins	uffici	ency;	focal end	ephalomalacia		
aw Idin Jeer the ar to	S S	with chronic h:	rain syn NDITION FOR WH	nd no me IICH OPERATION WAS PE	REORMED	20a. AUTO	DPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CER	TIFYING
The faw attendin has beer se as the th priar t	E S	774.57112 07 07 27071011				YES IX		CAUSES OF DEATH?		
ar o use	CERTIFICATION	21g ACCIDENT WAS UNDERLYING	216 TIME O	F INJURY	[21c H	-	_	ire of injury in Part 1 or Part 2	. Item 18.)	
far far	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month Doy Year			,		•	
rspi aspi certi hed	띭	If either, notify medical examiner 21d INJURY OCCURRED 21e. Pt		(AT HOME, FARM, STREET FA OFFICE BUILDING, ETC		OCATION Stree	et ar R F D Na.	City or Town	Caunty	State
PH his his Dep		***************************************							-	
TENDING PHYSICIAN: ined by the haspital ar DR: After this certificate auld be detached far u the State Dept of Hea		22a. I certify that (t) (this saw the deceased aliverages stated above 1	hospital) att	ended the deceos	ed from_	4/	12/, 19 68	, to5/25/,1	9_68_, that 3	1) (we) lost
Affin A Street	Ш	saw the deceased aliv	e an	5/25/	9 <u>68</u> , an	id that in (%	🏋) (aur) apiniar	death accurred an the d	ate and haur a	nd fram the
Se din a th	Н	C00303 314104 484 07.	t) (we) (did)	(diddios) view the	body after	death.				
OR A De ret A Street St	Н	22b SIGNATURE	IM IA	Man -	DEG	ATTENDI	NG MED DIRECT	STAES 1	DATE SIGNED	
Dell'o		22d. PHYSICIAN'S	041 //	1000	DEG	1 111 01		Dale Hospital	723700	
RAIL Be I be I		NAME (Type) M	oe Weis	s, M.D.		AZV. ADI				
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be deflached far use as the burnal-transhauld be filed with the State Dept of Health priar to burnal, creating the contraction of t	230	RUR.AL CREMATION, 1238 DA	TF 5-2	9- 23c NAME OF	CEMETERY OF	CREMATORY	230	Dale Maryland 1 LOCAT ON (City or Town)	(County)	(Stote)
H So Line	230	REMOVA. (Specify)		3 HARN	INNI	- CHAIRM VICE		601 SHERIAF B.	A W.F. W	10
(: 1/4	24.	FUNERAL DIRECTOR	SUFFIE .	ADDRESS	V/Y /-		25o. REC'D BY RE		S SIGNATURE	2
VR A\S\#\ 30M REV /68		FeliJa USO		9101	16 87	21.71)	DATE JUN	3 1968 JCL	mores was	Sau
		- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-				7.0				7



- 1		MAKTEAU DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, M	IADVIAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEA		7.33
HEALTH DERT	1.0	ECEASED-NAME First Middle Lost	2o. DATE KNOWN Month	Doy Year 25 HOU
4 4.1. 8	¨ (Type or Print)	OF ECTI.	1
ny delay is 2, and 3 ta 2, and 3 ta 2, and 3 ta	3 S	Jacob Nathias Kirch EX 4. RACE S. DATE OF BIRTH 6 AGE (in years 1F UNDER 24	DEATH MATED \$ 5-14	
and 3 t	3 3	icst britisary) Months DAYS HOURS	AUD TO DATE I KONDONCED DEAD	Zd. HOU
2 S S S S S S S S S S S S S S S S S S S		Male White 2-22-1902 66 vrs	Month Day	6819 11:25ai
			9 COUNTY OF DEATH	
2 (E. 12)		Germany USA WIDOWED DIVORCED	Prince George's	A
Give Pages and with Tail the table.	10, (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. US	JAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
after des alang wi with the		Cheverly give street oddress) Prince George Hospital during	most of working life, even if ret red.)	INDUSTRY
Giv Giv Th t	13c.	SUBJECT OF TOWN 13d INSURED LINE USE ALL RESIDENCE DESCRIPTION OF TOWN 13d INSUR CITY LIN	ATS? 13e, STREET AND NUMBER	
haurs after death Item 18. Give Pag Office alang with Iand 2 with the Ita	0	drussion) STATE Prince George Hillcrest Heights VES INC	□ 5933 23rd, Pa	rkwav
I haurs Item 18 Office Tand2 after d	_	ATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME	First Middle	Lost
aft of the			1110010	6031
24 in irs es	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	
within pentil xamine ile page		(ft yes give wor or dotes of service) A lma Kirc		
with pe Exar Exar File	H	A LINE KITO	su (MTIG)	
red in al Es		CAUSE OF DEATH (Enter only one couse per sine for (o), (b) and (c) PART I, DEATH WAS CAUSED BY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding in Medical I permit.		Metastatic carcinoma IMMEDIATE (AUSE (0) Metastatic carcinoma		
e execute pending ef Medica isit permit		/ , DUE TO, OR AS A CONSEQUENCE OF Carcinoma of stoma	ach	over 8 mo.
be inef		Conditions, if any, which gove rise to immediate couse (a), (b)		
ord ord l-tr		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
should be e ne word "per ra the Chief I burial-transit I in any even		last (c)		
te s the 1 ta 1 ta nd i		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(a)	
bical examiner: This certificate should be executed with se execute the certificate, writing the word "pending" in perstar Page 4 shauld be forwarded to the Chief Medical Exampled for your files. ECTOR: Page 3 shauld be used as a burial-transit permit. File a bunal, cremation, or remayal, and in any event within 72.			the state of the s	
certifi orwar used maval	ION.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION		20 AUTOPSY?
for for the form	ā	WAS PERFORMED?		YES NO.1
VER: This certificate hauld be fles. shauld be shauld be tian, ar retian, ar re	CERTIFICATION	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter	er noture of intury in Part 1 or Port 2, Ite	
Figure 1916		PRIMARY OR CONTRIBUTING HOUR A.M.	Therefore in many in their for their z, the	14.)
NER cer hau hau les. sha	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No.	City or Town	County State
	_	WHILE AT WORK	City of Towil	County Store
ya y				
DEPUTY DICAL EXAM seessary, please execute the funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page		220 I certify that I took charge of the remains described above, held an Autapsy [],	🔝 Inspectian 🔀 , 🔝 Inquiry 🔀	, and in my apinia
		death resulted fram: Natural Japses 🔀 🖊 Accident 🔼 , Suicide 🔲 , Homicide	🔲 , Undetermined manner	
Fire train to the to		CHIEF MEDICAL E	XAMINER	
ld , pl		SIGNATURE ASS STANT MEDIC	AL EXAMINER 22b. DATE S	SIGNED
CLT any any be be		EXAMINER'S DEPUTY MEDICAL		4-68
o DEPUTY necessary, p the funeral 5 may be n 5 FUNERAL Health price			city town, or county)	
necessary, please the funeral directors may be retained from to Funeral Directors when the funeral Directors with the funeral Directors when the funeral Directors when the funeral Directors when the funeral Directors with the funeral Directors when the funeral Directors with the funeral Directors when the function of the	230	BURIAL CREMATION, 235 DATE 236 NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
<u> </u>		remation /5/18/68 Lee's Crematorium	Washington, 1	
			BY REGISTRAR 25b. REGISTRAR 5 S	
VR ATSME (5)		Lee Funeral Home Washington, D. C. M.	NY 21 1988 10ho	was Judge

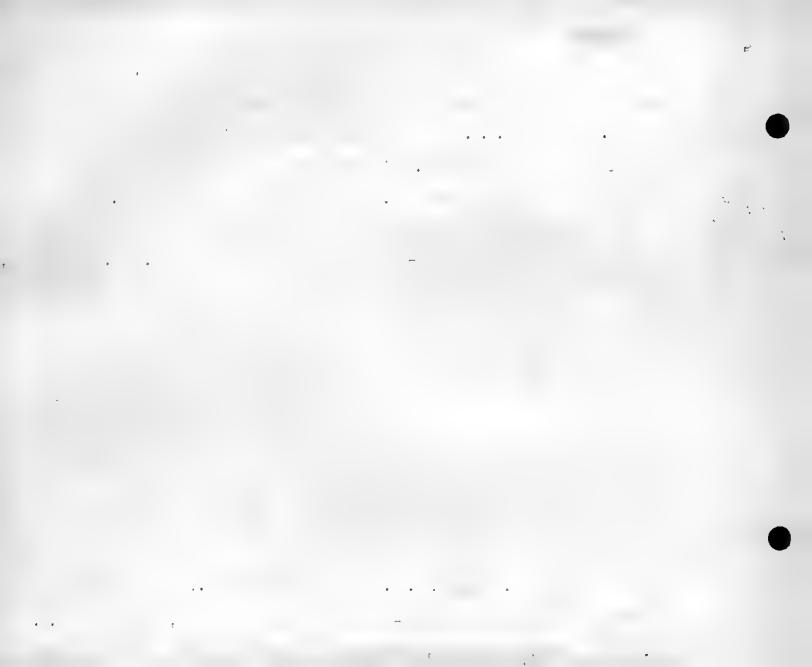
STATE OLD STATE OF THE PERSON

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle lost 2o. DATE OF DEATH death, Rougs after death. pup funeral (Type or print) burial, cremation, ar remaval, and in any event, within 72 hours after 4. RACE S. DATE OF BIRTH OF UNDER 1 YEAR 6. AGE (In years IF LINDER 24 HRS last birthday) PYAG YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH P, NC WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION OF not in hospital 120. USUAL OCCUPATION (Kind of work done 125 KIND OF OSINESS OR during most of working life, even if retired.) street address) INDUSTRY remaye carban campletely 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY JMETS? 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b. COUNTY YES NO 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Lost attending physician and sermit. Then please rem 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Address (If yes give war or dates of service) Yes, no, gr unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF signad by the burial-transit p Conditions, if any, which gove) rise to immediate couse (o). AS A CONSEQUENCE OF DUE TO, OR stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to hus been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO W YES [TO FUNERAL DIRECTOR: After this certificate director, pmge 3 shauld be detached far us Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 16 HMM, 1968, to 1977, 1968, that (I) (we) last saw the deceased olive on 1977, 1968, and that in (my) (out) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) yiew the body ofter death 226. SIGNATURE 22c. DATE SIGNED MED DIRECTOR ATTENDING STAFF DEGREE PHYS 22e ADDRESS PHYS CIAN'S ARTHUI 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b. DATE 23d LOCATION (City or Town) (County) (Stote) Suitland, 5/18/68 Cedar Hill 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S. SIGNATURE (work Lee Funeral Home Washington.D.C. 30M RET



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last 2a. DATE OF DEATH 2b. HOUR s. Pages 1 and 2 havrs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral (Type or print) Day 1968ear Klink. 5:30AN John May 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IE LINDER 1 YEAR IF LINDER 24 HRS lest birthday) HOURS Male Caucasian June 15, 1988 7b. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ve carban papers. event, within 72 h U.S.A. Prince George's WIDOWEDXXX DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR campletely f Prince Geo.Gen'l Hospital during most of working life, even if retired.) INDUSTRY Cheverly Retired 13a USUAL RESIDENCE (Where deceased fived, if institution; Residence before 113c CITY OR TOWN 13d INSIDE CITY LIBRITS? 13e, STREET AND NUMBER odmission) STATE Maryland Prince George's W.Hyattsville K 5608 30th Ave. 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last John Klink Margaret Adrian 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Maryland 17 INFORMANT Address Yes, paper unknown) If yes give war or dates of service) 151-109-275A Francis Adams - 5608 30th. Ave., Hyattsville, 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)/) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached far use as the te Dept, of Health priar to ケスス 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🗍 NO SEX 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY OFFICE BUILDING, ETC. 21f LOCATION Street or R.F.D. No. City or Town County State While Not while director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22b 5 GNATUR 22c. DATE SIGNED DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) William A. Wimsatt, M. D. 3415 Hamilton St., Hyattsville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b. DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 3June 1968 Calvary-Allied Cemetery Astoria, Long Island, N.Y. ADDRESS 24 FUNERAL DIRECTOR 25g REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE JUN Melanles 30M REV 1/68 F. Gasch & Sons, Hyattsville, Maryland

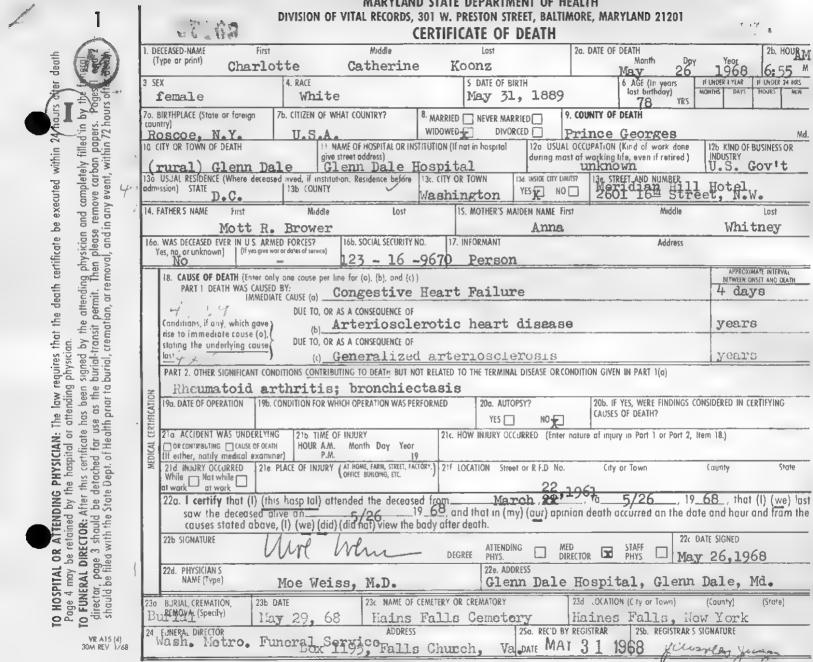




		1		BUARION A		D STATE DEPARTS			
1			As to be a	DIAIZION OF				RE, MARYLAND 21201	1 17 3
	(1/1)	_	27368			CERTIFICATE OF			6.8
14	를 남성률/		FCEASED-NAME First Type or pnnt)		Middle	Lost	20	. DATE OF DEATH Month Do	Yeor 2b. HOUR
/	funera l ond er dear		Clare		Wayne	Knotts		May 12 196	8 5:15
	fter fter	3 2		4. RACE		S. DATE OF I		6. AGE (In years last birthday)	F UNDER I YEAR
	IS a		Male	Whi		T ₊	19, 1921	46 YRS.	
	hours after deal	7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF W	/HAT COUNTRY?	B. MARRIED NEVER MA	KKIED L.	UNTY OF DEATH	
			WASHINGTON, D. C.	UNTTED	STATES		DRCED 📆	Prince George	
	filled thin 2	10.	ITY OR TOWN OF DEATH	11, P	street oddress)	STITUTION (If not in hospital	during most of	UPATION (Kind of work done working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
	# - Par 19/1/		Cheverly		Prince (eorge Hoptia	al Polic	eman	Police
	ond completely fi remove corban fin only event, with	130. adm	USUAL RESIDENCE (Where deceos			13c. CITY OR TOWN	13d, INS DE CITY LIMITS? YES NO X	13e. STREET AND NUMBER	
	com	-	MARYLAND	PRINCE		SUITLAND	i del	5018_SILVE	
	ex no no no	14.	FATHER S NAME First	Middle	Lost	1s. MOTHER'S A	AAIDEN NAME First	Middle	Lost
	s be		CLRENCE		KNOTTS	Tiz menus	MARY	ETHEL	KNOTTS
	AN: The law requires that the death certificate be executed within 24 all or attending physicion. The law been signed by the attending physicion and completely filled far use as the burial-transit permit. Then please remove carbon pape Health prior to burial, cremation, or removal, and in any event, within 7	100		AED_FURCES? ar or dates of service)	16b. SOCIAL SECURITY		DOTAL INTO	Address	VA.
	phy en ova	-			219-03574		KDTIH MMO.	FTS-111 N. RIP	LEY, ST. ALEX.
	attending posemit. The		18 CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSE!	ly one couse per a	2- /		,		BETWEEN ONSET AND DEATH
	leat lend mit.			ITÉ CAUSE (o)	CIR Certa	tony colli	905		5-drys
	he c per jon,	ш	Candidan it and which and	DUF TO, OR	AS A CONSEQUENCE OF	1 y	1 n		47 /
	the the nsit		Conditions, if any, which gove a rise to immediate couse (a), ((b)	Hipate	e tacture	· \$7- (°c	71/4 92	1 Cays
	equires the physicion- signed by burial-troi burial, cre		stoting the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF	7) / /	0 - 1 - 1 - 1		3000
	ysic ysic med rial-	1	lost /	(t)	d torat	Pertal	TARRES	CON COUCH IN CART I/)	77.00
	sig bu		PART 2. OTHER SIGNIFICANT COI	IDITIONS CONTRIB	OHNG TO DEATH BUT N	/ /		FON GIVEN IN PART 1(0)	,
	ding ding seen the	NOI	196, DATE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS PE	REFORMED 200 AUT		20b. IF YES, WERE FINDINGS	ONSIDERED IN CERTIFYING
	The law re attending has been se as the th prior to	CERTIFICATION	190, DATE OF OPERATION 190.	CONDITION FOR W	HICH OPERATION WAS PE	YES T		CAUSES OF DEATH?	ONSIDERED IN CERTIFITING
	The state of the s	ERTI	210. ACCIDENT WAS UNDERLYIN	IG 216 TIME (TE IMILIDA	_		re of injury in Port 1 or Port 2,	Hern ID \
	And all all all all all all all all all al		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M.	. Month Day Year		CORKED (Eulet Hold	re or injury in roat 1 of roat 2,	nen ibil
	rending PHYSICIAN ined by the haspital (Mr. After this certifical ould be detached far the Store Dept of He	MEDICAL	(If either, notify medical examination 21d, INVIRY OCCURRED 21e	PLACE OF INJURY		9 21f. LOCATION Str	est on B.C.D. No.	City or Town	County State
	PHY a ho	-	While Not while of work	PLACE OF INJUNI	OFFICE BUILDING, ETC.	ZIS. LOCATION SIN	ser of K.T.D. NO.	City of Town	contail 24048
	de te le		of work of work	in Amerikal) at	tandad the decor	ad from 5 - /	= 10/6	to Z= /2-10	(i) (we) last
	Affe Affe Sto		sow the deceased n	is naspilal) at live an	- // -	19 6 8 and that in (r	nv) (our) apinian	death accurred on the de	ote and hour and fram the
	the Series		couses stoted abave	e, (I) (we) (did	(did not) view the	body ofter deoth.			
	OR ATTEND be retained DIRECTOR: A ge 3 should led with the		22b. SIGNATURE	115	· .	ATTEND	ING MED	STAFE 22c.	DATE SIGNED
	DIR Je 3 je 3		a janj	1-1-	Clean	PHYS.	DIRECTO	OR LJ PHYS LJ 2	2 -12 -GS
	SPITAL 4 moy 4ERAL or, pag Id be ful		22d. PHYSICIAN'S NAME (Type)	- L- W.	DILLE	MED 22e. AD	GOO War	Spore Pike	Del +11
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached far use as the should be filed with the Store Dept of Health prior to			DRup FT	PILLOTE		(1213 Porce Hr
	Page O Fus direct	230	BURIAL, CREMATION 23b			CEMETERY OR CREMATORY	1	LOCATION (City or Town)	(County) (State)
	5-5- UN	24	BURIAL 5	15/1968		R HILL CEMET		SUTTLAND, GISTRAR 256 REGISTRARS	MARYLAND
	OM REV LIGHT	24	FUNERAL DIRECTOR	Hypong	WASH DADDRESS	20005	2So REC'D BY REC	_	Planto Ouder
	JUM KEY 198		YSONG S FUNERA	HOME	1300 N.STRI	GET, N.W.	DATE MA	Y 1 5 1968 P	marca June

.

,





· _ j 1		种质型的 D	IVISION OF	VITAL RECORDS,		RESTON STRE			YLAND 21201		
7.		or 6 € 3 4 44			CERTIFIC	ATE OF D	EATH			*	75
dean		ECEASED-NAME First Type or print)	. ~	Middle	T.	lost		2a. DATE OF	DEATH Month Do	y Yeor	2b. HOUR
uneral and deat	3. SE	senurus	4. RACE	Bryan	3, L	ane S. DATE OF BIRTI			5 2 6 AGE (In years		F UNDER 24 HRS.
after after 1	J. JL	Male	Tihi.	te		Sept.		398	last bythday)	MONTHS DAYS	HOURS MIN.
A SEE	7o. E	BIRTHPLACE (State or foreign 7b	CITIZEN OF W		B. MARRIED	- NEVER MARRIE	ED 9.	COUNTY OF	DEATH	1	
The Part of the Pa		Morth Carolina		USA	WIDOWED	DIVORCE	0 🗍	Pr.	George'	S	Md
hin po		city or fown of death Clinton, Marya	1 nd 9 ve	AME OF HOSPITAL OR INS street address)	TITUTION (If n	at in haspital	12a. USUAL during mast	OCCUPATION tof working t	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
wit rboy t, w			mand of most to	street address) 711- Brai	<u>ndywii</u>	ne Rd.	Croc	eryma	life, even if retired.) 271 REET AND NUMBER	Own	
equires that the death certificate be executed within physician. Signed by the attending physician and completely for including the please remave carbon burial, crematian, ar remavol, and in any event, with	adm	USUAL RESIDENCE (Where decrased principal 1 - Brandywi	13b COUNTY	. Pr. Geo	s C	linton			711- Bra	ndywin	e Road
e executi and comp remave n any ev		FATHER'S NAME First	Maddle	Last	15	. MOTHER'S MAID	_	1	Middle		Lost
h ar se ra		William	F			Charlot	tte Ge	entle			
sicial sleas	16a Y	WAS DECEASED EVER IN U.S. ARMED Yes, no. or unknown) (If yes give wor or	FORCES?	16b SOCIAL SECURITY		NFORMANT			Address	San	คูลุย
e death certificate b attending physician permit. Then please an, ar remavol, and i		No.				rs. Mag	ggie I	May La	ane (Wif		AATE INTERVAL
ing from rem		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED 8	one couse per li Y:				0-				NSET AND DEATH
ne death attendi permit. ian, ar r		IMMEDIATE	CAUSE (a)		moci	In and	indlen			3 0	- Omo
it the the at		Conditions, if ony/which gave)	DUE TO, OR	AS A CONSEQUENCE OF		de voul	~ n 0 1	بالمج ما	eles .	cx	-16-20 Aure
hat n. y, th ansi		nse to immediate couse (a) (stating the underlying cause)	(b) DUE TO, OR	AS A CONSEQUENCE OF	2 000	CACK DAY			- V VI		
es t sicial ed b al-tra		lost.	(c)								
The law requires that that that attending physician. has been signed by the se as the burial-transit hymarta burial, cremat		PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIB.	JTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL D	DISEASE OR CON	IDITION GIVEN	IN PART 1(o)		
ding ding seen the tra	No.	7201	IDITION FOR HIS	HICH OPERATION WAS PE	DEOBUED.	20g AUTOPS	NO.	201- 15	YES, WERE FINDINGS	CONCIDERED IN C	THEVILLO
AN: The law re al ar attending icate has been far use as the Health priar ta	CERTIFICATION	170. DATE OF GPERATION 176. CON	ADTUON FOR ME	TICH OPERATION WAS PE	KLOKINED	YES T	NO 🗆		OF DEATH?	CONSIDERED IN C	KIIFIING
AN: The		21a. ACCIDENT WAS UNDERLYING	21b. TIME O		21c H0		-	ature of injur	y in Part 1 ar Part 2,	Item 18.)	
itilical pittal	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer)	HOUR A.M. P.M.	Manth Day Year	}						
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon page should be filled with the State Dept. af Health priar to burial, crematian, ar remavol, and in any event, within 72.	W	21d. INJURY OCCURRED 21e. PLA While Not while at work	ACE OF INJURY	(AT HOME, FARM, STREET, FAC OFF CE BUILDING, EYC.	TORY) 21f to	CATION Street of	or R.F.D. No	City	ar Tawn	County	Stote
by the fifer the de	1	22a. I certify that (I) (this	haspital) att	ended the decease	ed from 3	7-10		1 , ta3	6-22,19	68 , that	(1) Wwe) last
S AF S P P P P P P P P P P P P P P P P P P		22a. I certify that (I) (this saw the deceased alive causes stated above.	e on <u>S</u>	71 1	9_68, and	d that in (my)	(aur) apını	an death a	ccurred on the d	ate and hour	and from the
Ton tall		22b SIGNATURE	i) (we) (aia)	(aid nat) view the	ваау апет	Jeann.				DATE SIGNED	
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		Richard	En	chaen n	→ DFGR	EE PHYS.	MED	CTOR	STAFF PHYS	DATE STORES	
TAL nay I AL D page e file		22d. PHYSICIAN'S NAME (Type)				22e. ADDRES		lan T	10 7 0 7		
SPI 4 n WER.		Richar		Dodson					Maryland		
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld Shauld be filed with the	23 a	REMOVAL SPECIFUL MAY	25-68		y Fem	. Garde			N (City or Town) dorf, Ma	ryland	(State)
VR ALT	24.	FUNITAL DIRECTOR	20-1	ADDRESS			So REC'D BY		2Sb REGISTRAR		0
30M REV 68	7	Simmons Bros.	1661-	Cd. Hope	Rd.	SE.DC	DATE V.	24	1968 80	liarles	udge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. county Montgomery a. STATE Maryland Prince George MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4342 Montgomery Ave. within Carroll Manor Nursing Home YES NO X etely completely ve carbon 3. NAME OF First Middle Year 68 Langlois DECEASED May Mellia (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE and cor 7. MARRIED 8. DATE OF BIRTH ACE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. NEVER MARRIED and In any Female Aug. 12. Caus. physician 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) **COUNTRY?** Housewife U.S. Vermont 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph removal Elizabeth Riley Leon Guyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 59 libreskingswood Rd. transit permit. cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT Daug. Bethesda, Md. 216-46-2470 No Eva B. Pescarmona 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN n signed by burial-transit burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Cerebral Embolus **DUE TO** 1200303 Arteriosclerotic Heart Disease Conditions, if any, which this certificate has been rise to immediate DUE TO (a), stating underlying cause last. U.) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(9) WAS AUTOPSY PERFORMED? Fractured right hip with Thompson prosthesis No ⋤ YES [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the detached for the Dept. of the Fell in hospital and broke hip MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. After Not While at work Hosp. Washington, D.C. Providence reb. In be retained 5/24 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on May 22 _____19 68 and the IO FUNERAL DIRECTOR: director, page 3 shoul , and that death occurred at 12:30 saw the deceased alive on from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SICNED page ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR X May 21. 1968 M.D. Page 4 may 22c. PHYSICIAN'S 22d. director, p Thomas F Collins. M.D. St. N.E. NAME (Type) Washington, D.C. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
Burial Mt. Olivet Cemetery Washington, D. C 24. FUNERAL DIRECTOR 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE PUMPHREY, Bethesda, Maryland VR A15 (4) 15M 4-64



The second secon		DIVISION OF WITH DECODE ON W. DEPCTON CEPTER DATEMONE MADVIAND OLON
1 33		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
<i>≠</i> _~4		FEEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR,
r death uneral 1 and 2 er death.	1 (Type or print) John F. LAWRENCE MITY 21 1968 - 4 AM
fun 10 10 er d	3 5	
afte he f	1	lest buthdowl Mounts Ours Houses Min
- S Z Z	1	
夏 色 []	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
五 在 25.	100	Yary Land U.S. WIDDWED DIVDREED Prince Heriges Md.
2	10.	CITY OR YOWN OF DEATH II NAME OF MOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filler in by the funeral should be detached for use as the burial-transit permit. Then please remave corbon, please and 2 and 2 with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 mours defer death	=	give street address) during most of working life, even if retired) INDUSTRY
1 22		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
Par Se	odn	SSIGN) STATE NO 13b COUNTY YES NO 866 N. Curating One SE
ecn ecn		
en en e	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
Pe di Pe		William J. E. La wrence Rosa Beitzell
it the death certificate be executed with the attending physician and campletely isit permit. Then please remaye cackgan matian, ar remayal, and in any event, will		
Si	1	. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) (bb. SOCIAL SECURITY NO Ruth Dillon (sister)
ph ph	H	APPROXIMATE INTERVAL
5 p= E		I Id LAUNT OF DEATH SENTER ONLY ONE COURSE HER SOLEND TO CAN IN ANY INC.
eatl mdi nit.		PART I DEATH WAS CAUSED BY WITH ORIGINAL OCHA LE THE OCCUPATION THE WINDOWS AND CHAIR PART I DEATH WAS CAUSED BY MINERAL OCHAIN CHAIR OF THE OCHAIN OCHAIN CONTRACT OF THE OCHAIN OCHAIN CONTRACT OCHAIN CONTR
afte ern		Life I have to only to only the control of the cont
the ation		(conditions, if ony, which gove)
uat musimusi		rise to immediate couse (o),
the design		Storing the underlying couse.
ysic ysic ped ial, ial,		<u>lost.</u> (t)
IDING PHYSICIAN: The law requires that the bay the haspital or attending physician. After this certificate has been signed by the abe detached for use as the burial-transit estate Dept. of Health prior to burial, cremat		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng en to	=20	1 / Lavanced Kilmonary Emprinena.
ndi be s th	FICAT.ON	190. DATE DE OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF VES, WIRE FINDINGS CONSIDERED IN CERTIFYING
he a street	운	YES NO IZ CAUSES OF DEATH?
or o	CERT	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
Far day		CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor
	EDICAL	[If either, notify medical examiner] P.M. 19
pt-ce day		21d. IN.URY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. (ity or Town County State
be this		While Not while of work of work
V T		22a certify that (1) (this hospital) obtained the deceased from 1-, 19 6 / ta 0 - 21, 19 6 / that (1) (we) last
A P P P P P P P P P P P P P P P P P P P	i	22a I certify that (I) (this hospital) ottended the deceased fram
# # # # # # # # # # # # # # # # # # #		causes stated abave, (1) (we)(d d)(did nat) view the bady ofter death.
A S C S S		22b. SIGNATURE A) (M. 1. 7). RF
dw dw		DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE
1 P		22d. PHYSICIANS (1) 22e ADDRESS, (C (1 A (2))
RAIL P		NAME (Type) Y R. J. McNulty TCIG E CAPITOL QI.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplets director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye call should be filled with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event,		
Haring Har	230	BUR A., CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C'ty or Town) (County) (Stote)
5	B	urial 5/24/68 Mt Olivet Washington, D. C.
VR A15741	24	FUNERAL DIRECTOR ADDRESS ADD
VR A15 (4) 30M REV. 1768	X	L 1 /2 /2/ 72/1/ 72 360 4 3 - 2 DATE MAY 23 1900 F
	-	



		MARYLAND STATE DEPARTMENT OF HEALTH	
,,,,,,		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	773
E 22 É		ECEASED NAME First Middle Landwehr Lost 20. DATE OF DEATH	2b. HOURP
death death	- {1	Type or print) Katherine Kalling Lemley May 16,	1968 8:30 m
re Te	3. SE	EX 4. RACE S. DATE OF BIRTH 6 AGE (In years If U	NDER 1 YEAR OF UNDER 24 HRS. THS DAYS HOURS MIN.
s af		Female May 19, 1878 lost birthday) 89 YRS. MONI	INS DATS HOURS MIN.
A A B		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	L_	Balto. Md U. J. H. WIDOWED & DIVORCED Prince TEORGE	Md.
fille n po ithin	1	(a) during most af working life, even if retired	25 KIND OF BUSINESS OR NDUSTRY
d with etely arbout, w	13a.	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN, 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER.	
cuted	odm	1155101) STATE We 136 COUNTY & Georges Camp Spring YES NO 4008 Buck Co	144 Roal
requires that the death certificate be executed within 24 hours ag physician. I signed by the attending physician and completely filled in the burial-transit permit. Then please remove carbon papers. Pagorial, cremation, or removal, and in any event, within 72 hours	14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Mary Kallings	Lost
ion (ion and i	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 117 INFORMANT	k Road
tifica thysic n ple vot, c		Yes, no, or unknown) (It yes give wer or doles of service) 578-62-9377 T With James C. West 408 Such Street	1.C. 20031
e de la company		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath mdir or re		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CREEDED VSCUTOU DECIDENT	10-12hrs
otte on,		+37,9 DUE TO, OR AS A CONSEQUENCE OF	1
sit the		Conditions, if only, which gave) (b) Corebral arterioseleros.s	unthous
by Ten		rise to immediate cause (a). stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
res res reid-tial-tial,		lost. (c)	
Phy Sign burn		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
w ra ling sen the r to	%		
e far tend is br	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIL	DERED IN CERTIFYING
T to d so # X	ERTIF	AFZ NO	
AN: olo icate for Heo		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item Port Contributing Cause of Genth HOUR A.M. Manth Day Year	18.]
SICI spit spit ertif ed : of	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. MLURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town Co.	ounty State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the founding director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after	-	21d. INLURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town Co	inutà 21016
NG the term take de de take de		22a certify that (1) (this baspital) attended the deceased from M24 - 1966, to M24 / 6 1961	号, that (I) (we) last
ATTENDING etained by th CTOR: After t should be d		saw the deceased alive an mass. 16 1960, and that in (my) (aur) apinian death occurred an the date a	and haur and fram the
TI Si		causes stated abave, (I) (we) (did) (did nat) view the body after death.	CIGMED
OR A be re' DIREC		MED DIRECTOR	
M C V by C Di file		22d. PHYSICIAN'S NAME (Type) NAME (Type)	
PIT/ mo ERAI	1	NAME (Type) David N. Robb, M. D. Oxon Hill, Maryland 2	0022
TO HOSPITAL OR ATTENDING PHY Poge 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 should be detact should be filed with the State Dep	230	BURNAL, CREMATION, 23b DATE (23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) ({(Stote)
5 5 5 A	73	sunal Stepholis 5/20/68 East Car Trove Mongantown, -	West Vinginia
VR A15 (4)		FUNERAL DIRECTOR 250. REGISTRAR 256. REGISTRAR 256. REGISTRAR'S SIGN	IATURE CONTRACTOR
30M REV. 1/68		Honing Sylene Rankallstown and 21133 DATE MAY 22 1968 Warry	-00



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours ofter death. ond 2 deoth. (Type or print) 6 AEE (In years last birthday) (F LINDER ? YEAR MONTHS DAYS 10-8 hours 7a. BIRTHPLACE (Stole or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED Boston completely filled in WIDOWED TO DIVORCED pope director, page 3 should be detoched for use as the buriol-tronsit permit. Then please remove corban pay should be filed with the State Dept. af Heolith prior to burial, cremotion, or removal, and in ony event, within 12e USUAL OCCUPATION (Kind of work dope, 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital ANGWS Paper Company give street oddress) Turing wat by Mak for the Sale Lettreg ottending physician view ochan nermit. Then please remove carban Hyattsul 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE 136 INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET AND NUMBER 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle Unknown Unknown 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (II yes give war or dates of service) 578 09 4259 Greta E. Thompson Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave? burrol-tronsit use to immediate couse (a). signed by DUE TO, OB AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? FIGA CAUSES OF DEATH? YES 📑 NO | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 216 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town Caunty OFFICE BUILDING, ETC. While Nat while at work 22a. I **certify** that (1) (this hospital) attended the deceased from... 1968, and that in (my) (aor) apinian death accurred an the date and hour and from the saw the deceased alive an... causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURI 22c DATE/SIGNED MED DIRECTOR STAFF PHYS. PHYS. 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23d. LOCATION (City at Town) 23c. NAME OF COMPANY OR CREMATORY (Launty) 230 BURIAL, CREMATION, 23b. DATE (State) P.G. Cremation Colmar Manor Md. 5/13/68 Ft. Lincoln ADDRESS 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 30M REV Francis Gasch's Sons Hyattsville, Md. DATE



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7
H DEPTVI	DECEASED-NAME First Middle Lost 2a DATE KNOWN Manth	Day Year 25 HOUR
0	Type or Print) Reginald Benton Lyon OF ESTI DEATH MATED IX 5-7-	68 19 12:35 191
3 Too cook and the state of the	A STATE OF THE PROPERTY OF THE	2d. HOUR
"ノ!	Male White 4-16-1898 70 vrs	7891:ФОрт м
	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Prince George Is	
		Md 2b KIND OF BUSINESS OR
	pper Larlboro 4.108 Pratt Street (Lork, AUDITAGE)	NDUSTRY C.T.CO
	USUAL RESIDENCE (Where deceased lived, it institution, Residence beforef13c CHY OR TOWN 38 INSURED LIVE AND STREET AND NUMBER	0011.00
ë ≠ // xc	District of Columbia Washington YES D NO 312 4th. Stree	t. S.E.
14.	FATHERS NAME First Middle Last Is MOTHERS MAIDEN NAME First LYON L, MAE PADGETT Middle	Last
·		
160	WAS DECEASED EVER IN U.S. ARMED FORCES? (6s, no. preparations of growing and dotes of security in the second of t	u az# 13
	A CONTRACTOR OF THE PROPERTY O	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY Heart failure	minu es
event within /2	DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over 9 yrs
a see	Canditions, if any, which gove	0,01 / 310
À L	rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
8	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	WAS PERFORMED?	YES NO S
CERTIFICATION	21g EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Her	
MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	,
MEC	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
1	WHILE AT WORK AT WORK TO AT WORK	
	22a certify that I took charge of the remains described above, held on Autopsy, Inspection 🖾, Inquiry 🔯,	, ,
	deoth resulted from: Notural Jouses 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner [
	ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF	
	SIGNATUREM.D ASSISTANT MEDICAL EXAMINER	-8-68
	EXAMINER'S NAME (Type) John Kehoe ID Riverdale, Md. ADDRESS(Street, city, town, ar county)	_0-00
23	BLRIAL (REMATION / 23h DATE 23v NAME OF CEMETRRY OR (REMATORY) 23d 10CATION ((ity or Town))	County) (State)
0 4	30 RING DECEMBER AILL CEM SUITLAND M	ARYLAND.
24	FUNERAL DIRECTOR ADDRESS ADD	GNATURE CINCAL

* 50

4 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	118
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a DATE KNOWN X Manth Day Y (Type or Print) OF EST.	ear 25 Hour
y delay and 3 t PM3. Pog ortmeat	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER YEAR .F. UNDER 24 HRS 2C DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month Day Year	2d Hour 2d Hour 2:35
1, 2, m Pl	70. BRIHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Country) Wash. D.C. U.S. WIDOWED DIVORCED Prince George's	00 D N
	10. City OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working l.fe, even if ret.red.) INDUSTRY	of Business or Parm
e wight	130 USUAL RES DENCE (Where deceosed lived, if institution Residence before Date odmission) STATE 1.d. 13b COUNTY P.G. Powle YES A NO O. Box 418, Lace	
24 hours a lin Item 18. r's Office al se lond 2 w	14. FATHER S NAME First Middle Lost 15 MOTHER S MAIDEN NAME First Middle JOHN F: MACK SABINA STEF	lost FAN
within 24 pencl in xaminer's ile pages 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, NO unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 216-09-1253 Elizabeth C. Mack Wife Same as a	bove
d be executed within 24 d "pending" in pencil in Chief Medicol Examiner's tronsit permit File pages y event within 72 hours		DXIMATE INTERVAL N ONSET AND CEATH
I be ex I "pend Chief M ronsit p	Conditions, if ony, which gove (b) Arteriosclerosis with Aortic Stenosis	
	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
s certificate shoul e, writing the wor forwarded to the 3 used as o burial- emoval, ond in on	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	WAS PERFORMED?	UTOPSY?
#= 7 ° '	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
CAL EXAMINER: execute the cert or. Page 4 shouls of for your files. CTOR: Page 3 shou	WHILE NOT WHILE factory, affice building, etc.)	State
bical Examplease execute the director. Page 4 etained for your DIRECTOR: Page or to buriol, cremon to burion to buri	22a. I certify that I took charge of the remains described above, held on Autopsy. Inspection X, Inquiry X, and death resulted from: Natural/causes X, Araplent , Suicide , Homicide , Undetermined manner.	in my opinion
- To 1 = 2	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE ACTUAL	
o DEPUTY necessary, p the funeral of 5 may be re o FUNERAL I Health prior	EXAMINER'S NAME (Type) John Lehoe M.D., liverdale, Maryland Address(Street city, town, or county)	
70 TO TO TO TO TO	230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County)	(State) vland
020	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25D REGISTRAR'S SIGNATURE	7 Lanu
VR A15ME (5) 10M REV 1, 68	F. Gasch's Sons Hyattsville, Maryland DAIE MAY & 1968 Clearles	Judge.

. . .

4 - 4 - e - y - e

MAKTLAND STATE DEPAKTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last DECEASED NAME First 2a DATE OF DEATH 2b HOUR death (Type or print) ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deat the funerol Month G. Clarence McCarthy :40A M May 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 1F LINGER 24 HRS in by Tin. last birthoay) MONTHS 5/8/07 Male Caugasian YRS 70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED [director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papershould be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 U.S. WIDOWED [New York Prince George's completely filled ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during mast af warking life, even if retired)

Book Binder give street oddress) **INDUSTRY** Prince George's Gen. Hosp. M.S.P.O. Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d SMSIDE CITY LIAMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Prince Geo. Bladensburg YES NO 4208 56th Ave. 14. FATHER'S NAME Middle First Middle 15. MOTHER'S MAIDEN NAME First Flaboute McCarthy **Emma** William 16b SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. pr unknown) Beatrice M. McCarthy Wife Same as above 017-01-2787 APPROXIMATE INTERVA. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ETWEEN ONSET AND CEATH PART I DEATH WAS CAUSED BY PAINOJO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) inse to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO 10 FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, notify med cal examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town State County While Nat while at work retained by the 22a. I certify that (I) (this beentel) attended the deceased from 12 10 he saw the deceased alive an 1965, and that in (m 46, 19.67 , to May 4 1964, and that in (my) four) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Frederick H. Wilhelm, M.D. 6319 Landover Rd. Cheverly. 23c NAME OF CEMETERY OR CREMATORY 23b. OATE 23d LOCATION (City or Town) 230 BURIAL, CREMAT ON (County) (State) REMOVAL (Specify)
Burial Maryland 5/7/68 Ft. Lincoln Colmar Manor 1968 KULLINES SIGNATURE **ADDRESS** 2Sa REC'D BY REGISTRAR 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Maryland 30M REV 1768 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED NAME M ddle 20. DATE KNOWN 2b HOUR (Type or Print) ESTI-OF Page :10pm Meadows Amv Irene DEATH MATED and 3 t 6 AGE (n years 3 SEX 4 RACE S DATE OF BIRTH FUNDER IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR tast birthday) Female White 1-4-1947 7o. 8IRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED 9. COUNTY OF DEATH washington D.C. U.S.A. WIDOWED [DIVORCED [Prince George's II NAME OF HOSPITAL OR INSTITUTION (Finat in haspital IG CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Office alang with Win Home gve street oddress) Prince ('eorge I'ospital during most of working his, even if retired.) pages 1 and 2 with the Cheverly 13d INSIDE CITY LIMITS? 130 SUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER Inary land Prince George in Item 18. YES NO Seabrook Box 269. Lanham Severn Rd. after 4. FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First Middle George King Clark Amy 4 shauld be farwarded to the Chief Medical Examiner's haurs in pencil i 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes no ar unknown) Wayne L. Meadows Same as #13 APPROXIMATE INTERVA within be executed 18. CAUSE OF DEATH (Enter anty one cause per one for (a), (b) and (c)) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY "pending" IMMCDIATE CAUSE (a) Laceration of brain DUE TO, OR AS A CONSEQUENCE OF Skull fracture burial-transit Conditions, if any, which gave rise to immediate couse (a), This certificate should icate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause i. remaval, and 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Sign Y d " 4. nsed 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗔 NO IX pe 21g EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) burial, cremation, ar 216. TIME OF INSURY Manth, Day, Year 3 should PRIMARY [X] OR CONTRIBUTING HOUR A M 1968 Driver of car which struck a tree. CAUSE OF DEATH 1 Orma 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R F.D. No. City or Town County State foctory, office building, etc. 10000 block Lanham Sevarn Road, Seabrook, Md. Prince George County 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inquiry X Inspection X, and in my apinian death resulted fram: Natural causes . Accident X. Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 5-6-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health NAME (Type) ADDRESS(Street, city, tawn, or county) Riverdale, Md. Kehoe, MD BURIAL CREMA 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Colmar Manor P.G. Md. 5/9/68 Ft. Lincoln Burray (Sp 24. FUNERAL DIRECTOR **ADDRESS** 256. REGISTRAR S SIGNATURE 25a REC D BY REGISTRAR Francis Gasch's Sons Hyattsville, Maryland MAY

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH Lost 2b. HOUR death. William MICHEL (Type or print) George Mallonth Doyl 9 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years F JNDER + YEAR IF JNDER 24 HRS The law requires that the death certificate be executed within 24 hours after Male White 381 thdoy) October, 1'886 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED T NEVER MARRIED 7o, BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH country Baltimore, Md. USA Prince George's WIDOWED [T DIVORCED [ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (final in hospital 12b KIND OF BUSINESS OR give street oddress) Leland Hospital Riverdale ung most of working life, even if retired) the attending physician and campletely isit permit. Then please remave carbod mation, ar remaval, and in any event, wi 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE Md. 13b COUNTY Pr. Geo. Lanham 6926 Lamont Drove YES X NO 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME John Middle Michel Lost Margaret Klug 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no or unknown) (It was give wor or dates of service) Son above burial, cremation, ar remaval APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion Page 4 may be retained by the hospital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attendir

director name 3 shauld be detached for use as the burial-transit permit. sudden DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic c-v-disease 1 vear Conditions, if any, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 shauld be detached far use as the with the State Dept. of Health priar to 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work present 19 22a. I certify that (I) (this haspital) attended the deceosed from 19 1, 19 1, ta Present 19 , that (I) (we) last sow the deceosed olive on 14 Apre 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 19 May, 1968 22b. SIGNATURE MED DIRECTOR ATTENDING DEGREE director, page should be filed 22d. PHYSICIAN'S 22e. ADDRESS Carl J. Houmann, M. D. 4404 Queensbury Rd., Riverdale, Md NAME (Type) 23c NAME OF CEMETERY OR GREINATORY 23b DATE 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) Md. Wheaton Montgomery -REMOYAL (Specify) Gate of Heaven Cemetery May 21, 1968 F. Gasch's Sons Hyattsville, Md. 24. FUNERAL DIRECTOR 30M REY () 16

MARYLAND STATE DEPARTMENT OF HEALTH

1 235A.E.

1 2		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	I	tems 7a, b, FilmGLOL MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 8 .
HEALTH BEPT.	1. 0	DECEASED NAME First Middle Last 20 DATE KNOWN Manth D Type ar Print)	Doy Year 2b HOL
= +4/4		Alice Moore DEATH MATED 5-27-	
95	3 5	last birthday) MONTHS DAYS HOURS MIIN Month Day	Zd HOt
Pour d		fem.le Negro 11-13-29 38 yrs. 5-27-6	68 19 8A
- E 8		BIRTHPLACE (Stote or fore gn 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
S TO B		Frince George	S S S S S S S S S S S S S S S S S S S
9 6 1		Cheverly Prince George's Hospital DOA	ADUSTRA SD KIND OF 872INF22 OK
hours after Office alaps I and 2 with after death.		USUAL RES.DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN and MSIDE CITY MISS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY D C T T STATE 13b. COUNTY D C T T STATE 13b. COUNTY D C T T STATE 13c.	
77	14.5	P.U. Liurei — L. S.O.S.	
	14. 7	Tather John Cager Middle Lust IS. MOTHER'S MAIDEN NAME Coatley Middle	Last
hin ncil nline pag		WAS DECEASED EVER IN U.S. ARMED FORCES? (fes, no, or unknown) (If yes give wor or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Miss Ida Cager	
ed with the land of the land o		18. CAUSE OF DEATH (Enter on.y one cause per line for (a) (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ang". dica		PART I. DEATH WAS CAUSED BY Multiple pulmonery abscesses	úavs.
be executed "pending" in ief Medical E insit permit. Fevent within		DIE TO, OR AS A CONSEQUENCE OF	e/
be hield hie		Conditions, if any, which gove nise to immediate cause (a), (b)	
rertificate should be executed writing the word "pending" in rwarded to the Chief Medical E. Ised as a burial-transit permit. Faavol, and in any event within		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
~ 등 등		(6)	ļ
This certificate states, writing the be farwarded to d be used as a bu ar remayal, and is		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rriffi rritir vard vard val,	8	none 52/X 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
5 % P	CERTIFICAT ON	none WAS PERFORMED?	YES TO NO
NER: This as certificate, should be fo files.	CERT	21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of source on Port 1 or Port 2 Item	
INER: T e certific shauld b files. 3 shauld artian, ai	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
Z a z z z z	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street at R.F.D. No City or Town	County State
bical Examiner: slease execute the cert directar. Page 4 shauld estained for your files. DIRECTOR: Page 3 shau or ta burial, crematian,		WHILE NOT WHILE of foctory, office building, etc.)	
ICAL EXA execute for. Page ed for you CTOR: Pag burial, cre		22a. I certify that I took charge of the remains described above, held an Autopsy 🖾 , Inspection 🖾 , Inquiry 🔯 ,	and in my apina
ICA e e e e e e e e e e e e e e e e e e e		death resulted from: Natural causes , Acadent , Suicide , Homicide , Undetermined manner	
9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE	GNED
DEPUTY Decessory, ple funeral of may be refuneral to the funeral of the funeral of the funeral to the funeral t		DEPUTY MEDICAL EXAMINER	71 ~ 0
necessary, the funeral 5 may be r to FUNERAL Health prid	20		
5 = = 2 5 H	230 F	OREMOVAL (Specify) / F 31 / O / O	county) (State)
AL.	24	EUNERAL DIRECTOR 2SG. RECD BY REG STRAR 2SG REGISTRAR S S.4	f [] f . d
VR A15ME (5)	1	Sobert & Snowden Kockville Ml. DATE, IUN 5 1968 floor	to have



- 1		DI	VISION OF VI		301 W. PRESTO			RYLAND 2120	n i	1
	25782		************		CERTIFICATE					130
1	DECEASED NAME	First		Middle	Į.	ost	2o. DATE O			26 HOUR
	(Type or print)	Marga	aret	G	Me	oran		Month May	1° 1968	2.00A
3.	SEX	4	RACE		S. DA	TE OF BIRTH		6 AGE (In year	5 IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female		Whte		1.5	5 May 18	95	last birthday)	YRS. MONTHS DAYS	ROURS MIN.
	. SIRTHPLACE (State or for	eign 7b.	CITIZEN OF WHAT	COUNTRY?	8 MARRIED NE	VER MARRIED [9. COUNTY 0	F DEATH		
	Wash. D.	C	U.S.A.		WIDOWED	DiVORCED		ce Gdor		Md
10	CITY OR TOWN OF DEATH		11 NAME	OF HOSPITAL OR IN:	STITUTION (If not in he	ospital 12a. US	MAL OCCUPATIO	N (Kind of work of	done 12b KIND OF	BUSINESS OR
L	Cheverly			Prince Ge	orges Ge	n.	None	g life, even if retu	17	
13	a USUAL RESIDENCE (When	re deceased li	ived, if institution. I3b. COUNTY Pr	Residence before		1 1150		TREET AND NUMBE		
-	mission) STATE Mary1	and			Mt. Rain	TIET -V		101 Perr		
14	FATHER'S NAME Firs	t	M ddle	Lost	15 MOT	HERS MAIDEN NAME		Midd		Last
1.4	John A. Mo		ronceco lac	b. SOCIAL SECURITY	NO. 17. INFORM	IANIT	Cather	<u>ine_De_S</u>		
10	Yes, na, ar unknawn)	If yas give wor or d	dates of service)		Sw C	ertrand 5	805 Oue	Addre ensChane	UNALL	S .
=	18. CAUSE OF DEATH	/Entre on v no		15-54-515	710	31 31 311 3	000 440	Chisonape	APPROXI	MATE INTERVAL
	PART I. DEATH WA	AS CAUSED BY		varel	Dala	cula	Anc	: Den	BETWEEN (DASET AND DEATH
	4369	IMMEDIATE C	. ,		0000		1.0			
	Conditions, if any, while	ch gove)		A CONSEQUENCE OF						
	rise ta immediate cau	use (a), (DUE TO OR AS A	A CONSEQUENCE OF						
	stoting the underlying lost.	COUSE	[6]							
	PART 2 OTHER SIGNIFICA	CANT CONDITION	ONS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE C	R CONDITION GIV	EN IN PART I(o)		
2	. /.									
Ciration	190. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION WAS PE	RFORMED 20	o AUTOPSY?			INGS CONSIDERED IN C	ERTIFYING
AT CAS	174 4/0 h	Papi	lloma	Winas		YES NO	X.A.	ES OF DEATH?		
TOTOT.			216 TIME OF IN	JURY (Manth Doy Year	21c HOW IN	URY OCCURRED (Er	nter nature of inj	ury in Part 1 or Po	ort 2, Item 18.)	
MEDICAL	(If either, natify medical	al examiner)	P.M.	11	9					
12.5	21d INJURY OCCURRED While Not while	21e PLAC	CE OF INJURY (AT	HOME FARM, STREET FAI FICE BLILDING, ETC.	TORY) 21f LOCATION	N Street or R.F.D.	No Cit	y at Tawn	County	State
	at work at work	J								
	22a I certify that saw the dece	(this h	ospital) otteno	ed the decease	ed from Apri	19	08_, to_4	Ap May I	19 <u>08</u> , that	(we) last
	saw the dece	asea alive Labove, 41	on	dkaosi view the	body after death	гит (тиу) (ойг) с	phiniau aeath	occurred on th	ne dote and hour	one from the
	22b. SIGNATURE	10 -					1150		22c. DATE SIGNED	
		Lui	ch fr	•		ATTENDING PHYS	MED. DIRECTOR	STAFF XX	May 1, 1	.968
	22d. PHYSICIAN'S				1	22e ADDRESS				
	NAME (Type)V	Iose G	iorla, M	D.	P	rince Ge			Ospital Ch	
23	BURIAL, CREMATION,	23b DATE		23c NAME OF	CEMETERY OR CREMA	ATORY		ION (City or Town)		ryland
	REMOVAL (Specify)	May_	3, 1968	Mt. O	Livet Cem	etery		ngton, D		
2	FUNERAL DIRECTOR	1000	1		46lst 7	W/	BY REGISTRAR		TRARS SIGNATURE	udse
,	1 panes	- well		wash.	0 C	DATE	MAY 6	1968 /		0



	1	to they as you pay	DIVICION OF		D STATE DEPART			001		
1		P (593	DIVISION OF		301 W. PRESTON S CERTIFICATE O		IKE, MAKTLANU ZI	201	574	
unerol 1 and 2 1 death.		ype ar print) Elwood		Middle D	Lost Moye		o DATE OF DEATH May	2 Day	1968	26. HOUR M.
after of the formal of the for	3. 5		4 RACE		S DATE OF		6 AGE (n ye	ears	IF JNDER 1 YEAR (6	F UNDER 24 HRS. HOURS MIN
A STATE OF THE STA	_	Male	White			0/17	50	YRS.		
24 how		BIRTHPLACE (State or foreign	76. CITIZEN OF WH	AT COUNTRY?	B. MARRIED NEVER N	WILL STATE OF THE PARTY OF THE	OUNTY OF DEATH			
77.72	W	est Virginia	USA	ME OF HOSPITAL OR IN			Prince Geor	_	County,	
within 2 ely filled bon pop	Ri	verdale, Md.	Le s	land Memor	STITUTION (If not in hospito :ial Hospita	1 during most of Cus Co	CCUPATION (Kind of war) Lwarking life, even if re dian	etired.)	126 KIND OF BU INDUSTRY Schoo	
ecuted witl completely ove carbor y event, wi		USUAL RESIDENCE (Where decease sisten) STATE Maryland	d lived, if institution 13b, county Prince	an; Residence befare ≥ George¹s	Hyattsville	AEZ NO	13e STREET AND NUN 3809 Ogle		pe St.	
and c remo	14.	ATHER S NAME First	Middle	Last	1s. MOTHER'S	MAIDEN NAME First	M	iddle		Last
n au se r	_	rron	W	Moyer	Dorca	S	7700	E	Co	oper
tificate hysicia n plea vol, an		WAS DECEASED EVER IN U.S. ARMI es, no, or unknown) (If yes give wo	D FORCES? r or dates of service)	166. SOCIAL SECURITY 206-03-73		Turney	7.709 Cx Lanham		d.	
PHYSICIAN: The low requires that the death certificate be executed within the hospital or attending physicion. The certificate has been signed by the attending physician and completely fillistached for use os the burial-tronsit permit. Then please remove carbon pour death prior to burial, cremation, or removal, and in any event, within		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAL Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	BY E CAUSE (a) DUE TO, OR A (b)	S A CONSEQUENCE OF	wony ?	dup	la Vins)	APPROXIMA BETWEEN ONSI	T AND DEATH
: The low requir or attending phys te has been signe use os the buric alth prior to buric	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONI	ONDITIONS CONTRIBUTE ONDITION FOR WHI HOSSIAC T	CH OPERATION WAS PE	RFORMED 20a. AL	ITOPSY?	20b IF YES, WERE FIN CAUSES OF DEATH? ure af injury in Part 1 ar	IDINGS COI		FIFYING
YSICIAN: ospitol or certificate hed for u	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Year			City or Town	14() 1, 11	County	State
Poge 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72		White Nat white at wark 22a. I certify that (I) (this saw the deceased all carses stated abave, 22b SIGNATURE 22d. PHYSICIAN'S NAME (Type)	haspital) atte	nded the deceas	ed from Se 13 19 20, and that in (bady after death	my) (aur) apinia	, to_5_an death accurred an			
TO HOSP Poge 4- Poge 4- Should director	B 1	BURIAL (REMATION 23b. D REMOVAL (Specify) 5 FUNERAL DIRECTOR Francis Gasch	/29/68	Ft. I			d LOCATION (City or Tov Colmar Ma	,		(State) Md.



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	8
after death.	AADIE (ast birthday) MONTHS DAYS	2b. HOUR M
ate be executed within 24 haurs ician and campletely filled in by and in any event, within 72 hours	75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 12a. USUAL OCCUPATION (Kind of wark done give street address) 10. CITY OR TOWN OF DEATH 11. NAME DF HOSPITAL OR INSTITUTION (If not in haspital during most of working ife, even if retired) 12b. KIND OF BL INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 138 CITY OR TOWN 13d. INSIDE CITY LIMITS 13d. STREET AND NILMBER	
ertificate be execut physician and cam sen please remave oval, and in any ev	14. FATHER'S NAME FIRST Middle Lost IS MOTHER'S MAIDEN NAME FIRST M.ddle FRED VLAJ SECURITY NO. 17. INFORMANT Address Light Life Security No. 17. INFORMANT Address L	Last
requires that the death certificate be executed within 24 haurs g physician. signed by the attending physician and campletely filled in by burial-transit permit. Then please remove carban papers. Pla burial, crematian, ar removal, and in any event, within 72 hours a burial, crematian, ar removal, and in any event, within 72 hours	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove tise to immediate cause (a), (b) A E M I A stating the underlying cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	E INTERVAL
The faw attending has been as the fixed as the fixed the fixed the fixed the fixed the fixed the fixed	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PULL OF ARY TO THE FIRMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO 20 194. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Extra polytre of unique in Part 1 or Part 2 term 18)	TIFYING
JING PHYSICI by the haspit ffer this certif be detached State Dept. of	HOUR A.M. Month Day Year HOUR A.M. Month Day Year HOUR A.M. Month Day Year 19 21d INJURY OCCURRED Not while at wark at work 220. I certify that (I) (this hospital) attended the deceased fram 19 19 19 19 19 19 19 1	
TO HOSPITAL OR ATTENIE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should Should be filed with the	226 SIGNATURE 226 SIGNATURE BOND MD COUNTRY 226 ADDRESS 68 72 RIVERDALE KOAD 227 ANDRESS 68 72 RIVERDALE KOAD 228 ADDRESS 68 72 RIVERDALE KOAD 230 BURIAL, CREMATION, 230 BURIAL, CREMATION, 231 DATE 232 NAME OF CEMETERY OR CREMATORY 233 LOCATION (City or Town) 240 CEDAR HILLS CEM SUITLAND M	(State)
2 2 3 17 V	24 FUNERAL DIRECTOR . ADDRESS LUGALL D 2Sol. REC'D BY REGISTRAR 2 2Sb. AGGISTRAR'S SIGNATURE	

MAKTLAND STATE DEPAKTMENT OF HEALTH

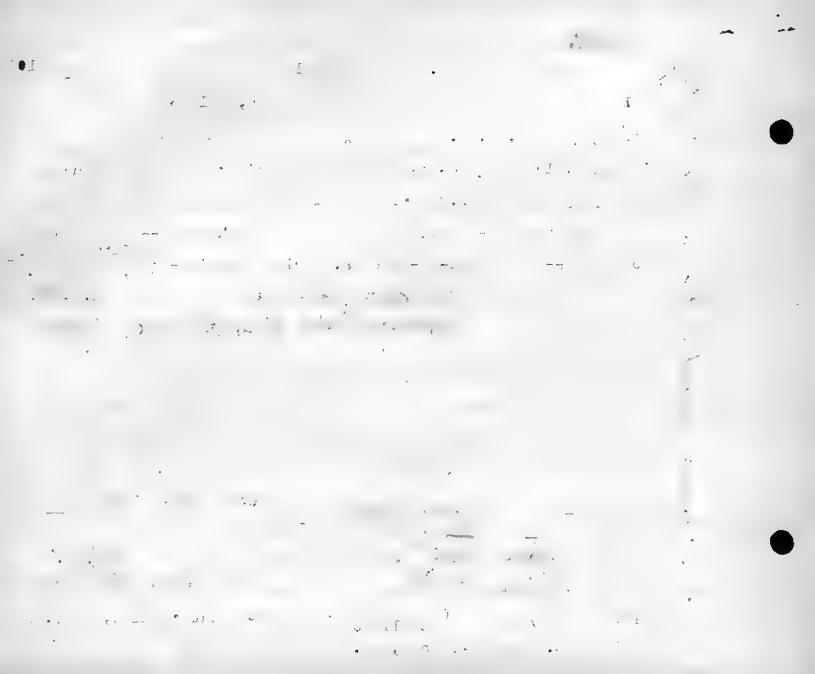


s toes	1		DIVISION OF VITAL RECORDS	301 W. PRESTON STRE		ARYLAND 21201	, ,	
Later and the same of the same		.7184		CERTIFICATE OF D				8.1
± 1€	1 0	ECEASED-NAME First	Mrddle	Lost	2o. DATE	OF DEATH		2b. HOUR
9 2 5		Type or print)	M	Newman		Month (9 1968	12,104
	3. 5	An th	T4 RACE	5. DATE OF BIRTI	Н ,	6 AGE (In years	15 JINDER I YEAR	IF UNDER 24 HRS.
# (a)			37			lost birthdoy)	MONTHS DAYS	HOURS MIN.
Si Fair	70	Male BIRTHPLACE (Stote or foreign	Negro 7b. CITIZEN OF WHAT COUNTRY?	11 Aug	9. COUNTY		3.]	
rs. ha	COU	gtry) _ m	70, CHILLIA OF HUM COUNTRIE	8. MARRIED NEVER MARRIE				
24 ed i			LI HAME OF HOSPITAL OR I	WIDOWED DIVORCE NSTITUTION (If not in hospital		nceGeorges	Tall William	Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forester a 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Progered with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after eath	,	CITY OR TOWN OF DEATH	nive street address)	' '	120. USUAL OCCUPATI-			BUZINEZZ OK
bored wit	-	Cheverly	Prince -eorg	ges Gen. Hosp			<u> </u>	
cuted w	13o	USUAL RESIDENCE (Where deceos iission) STATE	ed lived, if institution: Residence before 13b. COUNTY	13c, CITY OR TOWN 13d		STREET AND NUMBER		
e e e		Maryland	Pri- Geo-	Cheltenham	ES NO P	ox 94		
exe any	14.	EATHER'S NAME First	Middle Last	IS MOTHER'S MAID	EN NAME First	Middle	1	Lost
be or		William He	enry Neinma	n 1-1,200	eth Id	a Troc	stor	
certificate be exe physician and on hen pleose remi novol, and in any		. WAS DECEASED EVER IN U.S. ARI		Y NO. 17, INFORMANT	/	Address Address	-d-	- /
iffice hysi		Yes, no, or unknown) (If yes give v	yar ar dates of service)	bloud M.	Nawman-1	Dranduu	ine, 11	Id.
cert There		18 CALISE OF DEATH (Enter on	ly one couse per the for (o) (b), and (o	0) /		/		MATE INTERVAL DISET AND GEATH
he death cel attending p permit. The	1	PART I DEATH WAS CAUSE IMMEDI	D BY- Cardiac Arr	est - Clinical			DETWEEN O	MISE! AND USA'H
dec rmi		IMMEDI:			-			
he are		Conditions, if only, which gove	DUE TO, OR AS A CONSEQUENCE O		- mtoudoss	lamanta est	-h1	
of the notific		rise to immed ote couse (b),		nosing coronary	arteriosc	Crosis wi	Lil early	
t in by		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O					
ysic ysic ned red-		lost.	(d) Massive ple	ural effusion	with atele	ctasis of	Lower Lol	bes of
ATTENDING PHYSICIAN: The law requires that the retained by the hospital ar attending physician. ECTOR: After this certificate has been signed by the 3 should be detached for use as the burial-transit pwith the State Dept. af Health prior to burial, cremofine		PART 2 OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	SEASE OR CONDITION G	IVEN IN PART 1(0) bo	th lungs	•
r to	8	3 *						
s be or	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I			. IF YES, WERE FINDING ISES OF DEATH?	5 CONSIDERED IN CI	ERTIFYING
The start had been been been been been been been bee	E			YESXXX	NO [Ye	_	
or or ear				21c. HOW INJURY OCCUR	RED (Enter noture of 1	njury in Port 1 or Port	2, Item 16.)	
A 登録 第七年	MEDICAL	DR CONTRIBUTING CAUSE OF OEA'	H HOUR A.M. Month Doy Yed	19				
YSI nosp cer cher pt. c	A A	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, I	ACTORY,) 21f. LOCATION Street of	or R F.D. No	ity or Town	County	Stote
PH PH Phis Percond		While Not while ot work of work	CONKE BUILDING, EIC.	1				
A Table		22a. I certify that 60 (th	is haspital) attended the decea	sed from May 8.	. 19_68 . ta	May 9.	19 68 , that	xix (we) last
Afr Afr S S S S S S S S S S S S S S S S S S S	1	sow the deceosed o	is haspital) attended the decea live an <u>May</u> 9. e, (t) (we) (did) (didns t) view the	19 68_, and that in (A)	(our) opinion deot	n occurred on the	dote and hour	ond from the
the State of the s		couses stoted above	e, (kt) (we) (did) (did#35 t) view the	e body after deoth.	` ' '			
A S D S T		22b. SIGNATURE	5 0	ATTENDING	☐ MED ☐	STAFE 27	2c. DATE SIGNED	
be 3		Edu	y blender	DEGREE PHYS	DIRECTOR	STAFF KXX	May 9, 1	1968
AL CO		22d. PHYSICIAN S		22e ADDRE				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected and be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condicator, page 3 should be detached for use as the burial-transit permit. Then please remained be filled with the State Dept. af Health prior to burial, cremotian, ar removal, and in any		NAME (Type)	vin J. Jensen, M.	D Princ	e Georges	General Ho	spital,	Cheverly
Sector Consideration	230	REMOVAL (Specify) 23b.		F CEMETERY OR CREMATORY	23d. LQCA	TION (City or Town)	(County) I	Magay Land
Pog Parity		REMOVAL (Specify)	1. 111110	rect Cemeters		1 /	ena M	1.
1 LAR	24.	FUNERAL DIRECTOR	R+1 Bay 134 ADDRES		So. REC'D BY REGISTRA	2Sb REGISTRA	R'S SIGNATURE	
30M REV 1136	1	nartell adam		many land 10	DATE MAY 1	s 1968 🔑	harles &	noge
٧/		MONTH WOOM	vo (wherever	My Maney 10				

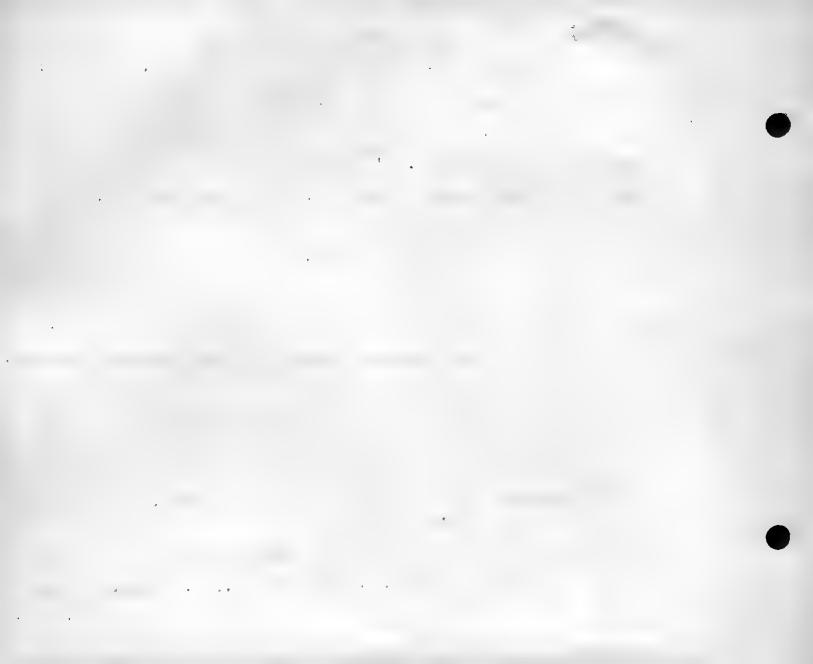


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 2g. DATE OF DEATH 2b HOURE death. (Type or print) Month Henry Nichels M. Mav 31 X 4. RACE S. DATE OF BIRTH 6 AGE (In years IF JINDER 1 YEAR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after last bythday) MONTHS -DAYS HOURS Male White August 20,1901 o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED virginia Prince Georges U. S. A. WIDOWED X DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Dairyman Tenent Mitchellville signed by the attending physician and campletely burial-transit permit. Then please remove carbar Enterprise Farm 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 3d INSIDE CITY LUMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY NO 🔽 Pr.Geo Mitchellvil Enterprise Farm Maryland and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Benjamin Nichols Katherine Unknown $\rightarrow \rightarrow$ 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 230-09-4050Mrs.Patricia Hopkins-Hiway, 16b. SOCIAL SECURITY NO. 17. INFORMANT Old Crai Yes pa ar unknown) crematian, ar remayal, pper 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a). Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO | 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY 草 OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) State Dept. af 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work at wark L director, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY
UP Lady of the Fields Millersville, 230 BURIAL, CREMATION, Buring Val Specify) 23b. DATE (State) 5/8/68 Md. 1968 REGISTRARY SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR Ritchie Bros. Upper Marlboro. Md.

MAKYLAND STATE DEPAKTMENT OF HEALTH



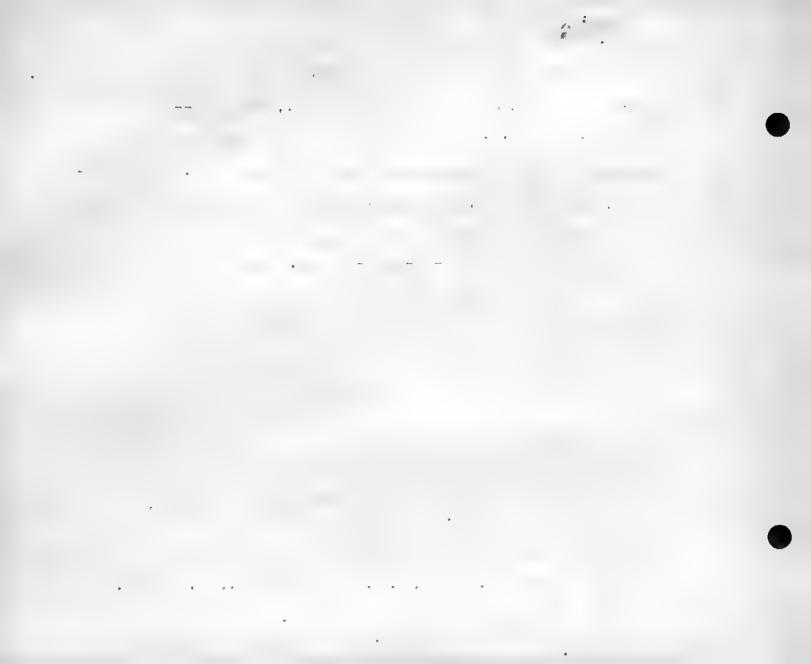
MAKILANU SIAIE DEPAKIMENI OF HEALIH



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 9
HEALTH DEPT.	I. DECEASED NAME First Middle Lost 20. DATE KNOWNET Month	Day Year 2b. HOUR
of ge	(Type or Print) Earl Joseph O'Brien DEATH MATED \$5-19	-68 199:00am
> c a ÷	3. SEX 4 RACE S. DATE OF BIRTH 6. AGF, in years 1. JUNER 14 AIS. 2c. DATE PRONOUNCED DEAD	2d HOUR
2, and 3 PM3. Pa	Male White 2-15-1922 46 YRS 5 19	68 19 8:30pm M
Sep. 12.2	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
S & Control	Tillice George	3 Md 12b KIND OF BUSINESS OR
after death as Give Pages along with the State.	Cheverly Prince George Hospital during general and space during the second second during the second	TS County
s after do 18. Give along	130. USUA. RESIDENCE (Where deceosed I ved, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY MITS? 13d. STREET AND NUMBER	
in 18. ce di te de	Maryland Prince George's Camp Springs YES 2 No □ 5413 Mancheste	
24 hours after in Item 18. Giver is Office along ss land 2 with its offer death.	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Peter F. O'Brien Margaret E. Speiden	Lost
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (Brother) ADDRESamp	Springs, Md.
within pencil xamine yle pag	(Yexper unknown) (Hyergana war or dates of service) 577242323 Eugene R. O'Brien, 4913 Brentley	
xecuted will dung" in pe Medical Exai permit. File	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut ing edice erm	PART 1 DEATH WAS CAUSED BY Heart failure MMEDIATE CAUSE (0) Heart failure	minu: es
be executed "pending" in nief Medical E ansit permit. F event within	Due TO, OR AS A CONSEQUENCE OF Coronary atteriosclerotic heart Conditions, if only, which gove)	
d be d 'l Chie Chie	nse to immediate couse (a). (b).	unknown
aul wa ial- ar	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
is certificate shee, writing the reformanded to the used as a burremoval, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
tifica uting ardei d as	196. CONDITION FOR WHICH OPERATION	2D. AUTOPSY?
te, writin farward farward ie used a removal,	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 215 TIME OF INJURY Month, Doy, Year 21c HOW INJURY DCCURRED (Enter nature of Injury in Part 1 or Part 2, Ite	YES-K NO
This icate, be fa	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	
生 元 一 一	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	. 1
3 3 4 8 5	frage attended the state of the	County State
DEPUTY DICAL EXAMINER: ressary, please execute the cert e funeral director. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriof, cremation.	WHILE MOT WHILE foctory, office building, etc.)	
NL Execution Property Control	22a certify that I taak charge of the remains described above, held an Autapsy 🗵, Inspection 🔼, Inquiry 🗵	and in my apintan
Se es crar.	death resulted fram: Natural causes, 🖾 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	3
please directive retaine or ta b	ACTUAL CHIEF MEDICAL EXAMINER (1)	CAUCA
EPUTY essary, ple funeral di ay be rett JNERAL D Ith prior	SIGNATURE MD ASSISTANT MEDICAL EXAMINER L	5-20-68
TO DEPUTY necessary, the funers 5 may be TO FUNERA Health pr	EXAMINER'S NAME (Type) John Kehoe ND Riverdale, Md. ADDRESS(Street, city, town, or county)	7.40.00
o DO FU	230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	BURIAL 5-22-68 Washington National Cem. Suitland, Marylan	nd
VR ATSMELE	4308 Suitland Rd. SE, Suitland, Maryland 250 REC D BY REGISTRAR DATE No. 1 250 REC D BY REGISTRAR DATE No. 1 268 REGISTRAR DATE NO. 1 268 REGISTRAR LONG BY REGISTRAR DATE NO. 1 268 REGISTRAR LONG BY REGISTRAR DATE NO. 1 268 REGISTRAR LONG BY REGISTRAR	Judge Judge
10M REV 1168	PAGE 1	



1			DIVISION OF VITAL	RECORDS 301 W		RAITIMORE M	APYLAND 21201		
		88.5	DIVIDION OF THAL		FICATE OF DEA		MATEMIND 21201	7.2	293
÷ 1000		ECEASED NAME First		Middle	Lost	2o. DATE	OF DEATH	_	26 HOUR
ā (ā 1 1 2 1	Г	Type or print)	mas	*	O Neill		Month Day	Yeor 68	5.40例
2 5 5	¥8. S	EX	4. RACE		S. DATE OF BIRTH		May 4 6. AGE (In years	IF UNDER 1 YEAR	IF UNGER 24 HRS.
ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death etained by the hospital or ottending physician. CTOR: After this certificate II all been signed by the ottending physician and completely filled in by the function should be diffrached for use of the burial-transit permit. Then please remove carbon papers. Pages I are should be diffrached for use of the burial-transition, or remayal, and in any event, within 72 hays after death if the State Dept. of Health prior to burial, cremation, or remayal, and in any event.	1	V-1-	77h 2 m n			1895	lost birthdoy)	MONTHS DAYS	HOURS MAN.
Si Sala	70	Male BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUN	TRY? 8 seann	9 Feb.	9 COUNTY O	-72 73 YRS		
in 24 hour filled in by popers. I hin 72 hau		Penna.	U.S.A.	WIDOW	IED NEVER MARRIED (9			
led led no 7	10	CITY OR TOWN OF DEATH		OSPITAL OR INSTITUTION		- Princ	e Georges	12b. KIND OF	Md.
within 2 filled bon pop within			give street add	ress)	du	ring mast of working	a life, even if retired)	INDUSTRY	DUSINESS UK
w dan t	-C	USUAL RESIDENCE (Where decea	Princ	eGeorges G	eneral Hosp	ital Re	ot Gardene) <u> </u>	
xecuted within 24 completely filled i move carbon poper ny event, within 72	odn	ission) STATE	13b. COUNTY			NO NO	SIKEEL WIND MOWREK		
e execut and compremove n any ev	-	FATHER'S NAME First	Prince		entwood		717 Taylor	-Street	
and rem	14.		Middle	cast	IS. MOTHER'S MAIDEN I		Míddle		last
thot the death certificote be exeran. by the ottending physicion and α fronsit permit. Then please remo cremation, or remayal, and in any	1/	Unkno		T		known			
ertificate b physician en please aval, and i	100		var or dates of senara)		17 INFORMANT	3.0	Address		
phy en ava	-	Yes WW	577	-22-9786	-A Mrs		O'Neill(8		address
ne death ce ottending p permit. The	П	1B. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	m. 611			· (Wi	fe)	BETWEEN O	NATE INTERVAL NSET AND DEATH
te deatl ottendi permit.	П	1MMEDI	ATE CAUSE (0) THROU	UBOTIC.	OCCINCA	rear	०१ १८।		
officer,	П	4/00	DUE TO, OR AS A CONS		rounty a	etersh.	traceu	3	
t the the sit p	П	Canditions, if any, which gove use to immediate cause (a), i	(b)	U/	DUA DIFIZA	augt1	C 9 1.V		
tho in. by ron ren		stating the underlying cause	DUE TO, OR AS A CONS	SEQUENCE OF	cortin	· IILLE	zerlou-		
sicir sicir al-t	П	last.	(c)				,		
equires that the physician. sigmed by the burial-transit burial, cremat	П	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINAL DISEA	SE OR CONDITION GIV	/EN IN PART 1(o)		
ng en to l	Z	7							
l be l	ATIO	190 DATE OF OPERATION 19b	CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20c. AUTOPSY?	20b.	IF YES, WERE FINDINGS O	ONSIDERED IN CE	RTIFYING
IDING PHYSICIAN: The low red by the hospital or ottending After this certificate Illass been a be districted for use on the state Dept. of Health prior to	CERTIFICATION				YES XX	NO CAUS	ES OF DEATH? Yes		
ofe of the state o		210. ACCIDENT WAS UNDERLYIS		21	. HOW INJURY OCCURRED	(Enter nature of in	jury in Port 1 or Port 2,	Item IB.)	
CIA STATE OF	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	H HOUR A.M. Month	Doy Year					
YSI cert thec	ME	2ld, INJURY OCCURRED 2le	PLACE OF INJURY (AT HOME, I		F LOCATION Street or R.	F.D No G	ty ar Tawn	County	Stote
First Page 1		While Not while at wark of wark	A OFFICE BOI	ILDING, EIC.				,	
NG Fer the date of the date	1	22a certify that \$1) (th	is haspital) attended t	he deceased from	1948	. xk	May 4 19	68 . that	(I) (was lost
A P P P P P P P P P P P P P P P P P P P	П	saw the deceased o	live on May 4	196.8	and that in (my) for	apinian death	accurred on the do	te and haur	and from the
R ATTENT retained reCTOR: A 3 should with the	П	causes stated abov	e, (I) xxxe) (did) (xtint xxx) view the bady aft	er death.				
	П	22b SIGNATURE	25000	. MT	ATTENDING N	MED -		DATE SIGNED	10
OR bill r	П	Denfarun	is. Phill	W I'M	EGREE PHYS L	MED DIRECTOR	PHYS L	lay5 1	8 6
AL AL	П	22d. PHYS CLINS NAME (Type) Bey	njamin S. Mil	Ion W D	22e ADDRESS	ah Ca 3	fa Dadadaa		_ 3
A P P P P P P P P P P P P P P P P P P P		J					it. Rainier	, maryı	and
Powe 4 may bur retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate Illan been signed by director, page 3 should be durached for use on the burial-transhould be filed with the State Dept. of Health prior to burial, cre	230	BUR AL, CREMATION, 23b		C NAME OF CEMETERY		23d LOCA	IION (City or Town)	(County)	(Stote)
262700	L				coln Cem.		nar Manor		
VR A15 (4)	24	FUNERAL DIRECTOR Nall	y's Funera	aladoress Mt.I	Rainier 250	REC'D BY REGISTRAR	25b REGISTRAR'S	SIGNATURE (1:20
30M REV. 1/68	L	Home Inc.	*	Maryl	and DATE		1968	0	b



<u> </u>	7	28	ms lo-2 -Ca mt	DIVISION		ARYLAND : ECORDS, 301					YLAND 21	1201		- F	. "
FOR S	TATE		1000	a 3	MEDIC	CAL EXAM	INER'S	CERTIFIC	CATE	OF DEATI	Н			,749	j 4
HEALTH	DEPT.		ECEASED-NAME Type or Print)	First Tho	rnton	Midd			lost Parr	ran	OF	KNOWN ESTI-		Doy Yeor O-63 19	2ь ноия А
ny delay is 2, and 3 ta PM3. Page	a de la companya de l	3 5	X 1LJE	4. RACE	S. DATE OF BII		6. AGE (In year last birthday)	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN	2c. DATE	PRONOUNCED th		Year 19 68	2d 110U
		7o cour	BIRTHPLACE (Stote	or foreign 75	CITIZEN OF WI	A	8. A	ARRIED N	DIVOR	RIED 7 C	OUNTY OF D	June EATH Ince G	corge		N
hours after death tem 18. Give Page Office alang with	land 2 with the State after death.		or town of Cheve	rly	Pr	AME OF HOSPITA	orme's	Hosp.	-DOA	during-most	of working	sence	retired)	126 KIND OF BUS	INESS OR
urs afte n 18. G ce afan	d2 with ir death.	0	dmission) STATE	E (Where deceased	13b. COMNITYG	•	Lan	ırel		NSIDE CTY L MITS?	90		d Mil	1 Read	
24 hou in Item er's Offi	pages land2 haurs after		ATHER S HAME	First R IN U.S. ARMED FO	Middle	116b SOCIAL SEC	Lost	Ma	ER'S MAID	Mane Fire	me)	Dar	idle o C	Vilsa	1 2n_
within pencil	ile pag 72 ha		es, no, or unknow	n) (If yes give wo	n or dates of service)	577-	10-03	17. INFORMA	Vah	ath	Pa	ADDRES		mul	Ma
be executed within "pending" in pencil nief Medical Examine	ermit. F within		98. CAUSE OF PART I DI	DEATH (Enter only EATH WAS CAUSED IMMEDIATI	BY. E CAUSE (o)	Asphyx	ia							APPROXIMAT BETWEEN ONSE	AND OFATH
INER: This certificate shauld be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, shauld be forwarded to the Chief Medical Examiner's Office along with farm	buriol-transit permit. File I in any event within 72		Conditions, Mor rise to immedi stating the uni	ny, which gove) ote couse (o),	(b)	Drowni AS A CONSEQUE	ng								
This certificate shauld rate, writing the word be forwarded to the Ch	a buriol		lost	IGNIFICANT CONDIT	(c)	ING TO DEATH B	UT NOT RELATE	D TO THE TER	MINAL DIS	SEASE OR CONDIT	DON GIVEN II	N PART I(o)			
ificat ting rded	as c	×	1 = 111				or mor was ma	- 10 111 121	.11711411, 2012	sense on combi	TOTAL CHEEN	IT TAKE I(0)			
nis certi nte, wri	remaval, a	CERTIFICATION	190. DATE OF O	PERATION		19b. CONDITION WAS PERFO								20. AUTOPS	Y? NO 🔲
ER: The certification of the control of the certification of the certifi	files. 3 shauld be latian, ar re	DICAL		CONTRIBUTING [A M P	.M. ラーク	0 19 68			URRED (Enter no bathtu		y in Port 1 o	r Port 2, It	em 18)	
XAMIN te the ge 4 sh	your fill Page 3 s cremat	ME	21d, INJURY OCC WHILE NO AT WORK AT		ACE OF INJURY (ny, office buildin Home	At home, form, : ig, etc.)	street,	21f LOCATIO	N Street o	r R.F.D No	_ '	orTown urel	F	County	Stote Md
_ = × `	may be refailled far your files. IUNERAL DIRECTOR: Page 3 shauld be used as a b colth prior ta burial, crematian, ar remaval, and			certify that I tac sulted fram		he remains di ses , A			□,	Hamicide _], Unde	termined		-	ny apinia
o DEPUTY SICA necessary, please e the funeral director	be retos≡ed RAL DIRECT prior ta bu		ACTUAL SIGNATURE	John John	hn	Me	Ke	M	D ASSIS	F MEDICAL EXAM STANT MEDICAL E TY MED CAL EXA	XAMINER [22b, DATE 6–2-		
O DEPUT necessary the funer	5 may by TO BUNER. Health p		EXAMINER'S NAME (Type)		Kehoc,				ADDR	WASIEST TE	town, or cou				
0	20 H		BURIAL, CREMAT REMOVAL (Spec	al 6.	- 5-6	8 7h	ME OF CEMETE	ehan	n Ci	rapil.	BO LOCATION	V (City or Jov	/	nd (itote)
VR	ATSME (S)	24.	FUNERAL DIRECTO	It Da	nach	an, o	Lace	ul 7	nd.	DATE JUN	EGETRAR .	1968 RE	GISTARES.	Jac.	8

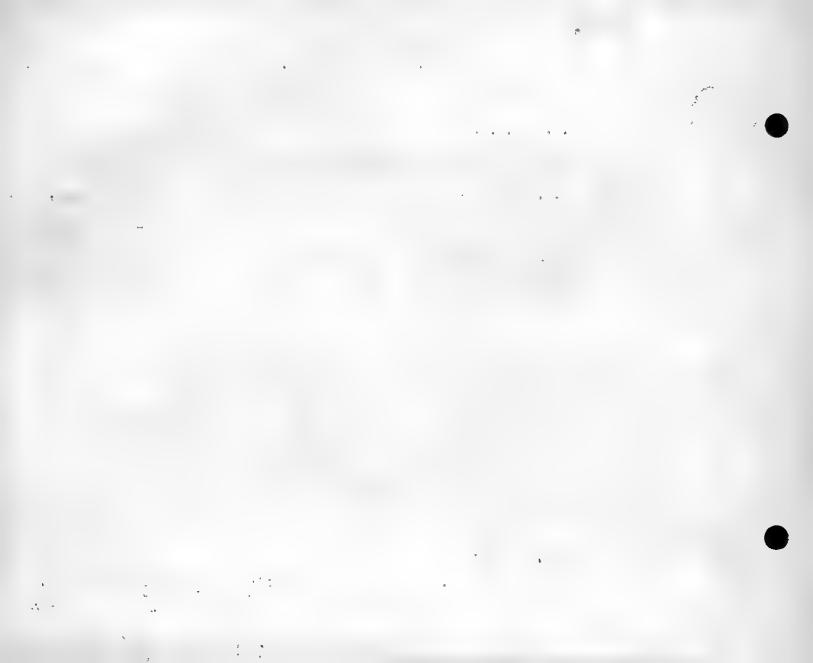


- 1			ND STATE DEPARTMENT OF		
Т	PH .00	DIAIZION OF ALIVE RECORD	5, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	IIMORE, MARYLAND 21201	. 0 -
-	DECEASED-NAME First	1 Middle	Lost	2a. DATE OF DEATH	2b. HOUR
ľ	(Tune or point)			Month_ D	Your Your
3	SEX	Baby Boy	Patterson S. DATE OF BIRTH	May 21,	1968 4:50P M
ľ	Male	Caucasian	May 21, 19	6. AGE (In years lost birthday)	MONTHS DAYS HOURS MIN
7	o. BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED XX	9. COUNTY OF DEATH	3 20
1	maryland	U.S.A.	WIDOWED DIVORCED	Prince Georges	Md.
-	CITY OR TOWN OF DEATH	133 NAME OF HOSPITAL OR	NSTITUTION (if not in haspital 12a. US	JAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	heverly	Prince Geo.	Gen'l Hospital	mast af warking life, even if retired) INDUSTRY
1:	Ba. USUAL RESIDENCE (Where decea dmissian) STATE	used lived, if institution: Residence before	1 VEC -		
	dmission) STATE Maryland	Prince Georges	Brentwood	¹⁰ 4505 38th St	
1	4. FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME		Last
Ļ	6a. WAS DECEASED EVER IN U.S. ARI	rd Warren Lacky MED FORCES? 116b. SOCIAL SECURIT	YNO. 17 INFORMANT	Address Address	
ľ	Yes, ng, or unknown) (If yes give t	war or dates of service)	I NO. 17 INFORMANI	Addiess	
F	18 CALISE OF DEATH (Enter or	inly one cause per line far-(a), (b), and	(1)		APPROXIMATE INTERVAL
ı	PART I. DEATH WAS CAUSE	ED BY-	tourite	600 GMS	BETWEEN ONSET AND DEATH
ı	1164 IMMEDI	DUE TO, OR AS A CONSEQUENCE	DF /	0 1 (2 . 0
١	Canditions if any, which gove	1) Die	onaly atel	estacio bil	ateral
H	rise to immediate cause (a), stoting the underlying cause		OF //		
ı	lost	(c) Pula	ronary edg	ma.	
П	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	(CONDITION GIVEN IN PART 1(a)	
	8 /6 m				
ı	19a. DATE OF OPERATION 19b.	a. CONDITION FOR WHICH OPERATION WAS		CALISES OF DEATHS	CONSIDERED IN CERTIFYING
П	21a. ACCIDENT WAS UNDERLYI	ING 1216, TIME OF INJURY	YES NO [er nature of injury in Part 1 or Part :	2 Itam 19)
		ATH HOUR A.M. Month Day Ye	ar	el liatole at litigity at Part 1 at Part 1	2, Hell 10.)
	☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, natify medical exami 21d INJURY OCCURRED 21e	niner) P.M. P. PLACE OF INJURY (AT HOME FARM STREET,	FACTORY.) 23F LOCATION Street or R.F.D. N	lo. City ar Tawn	County State
l	While Nat while at wark	OFFICE BUHLDING, ETC	,		,
L	22a. I certify that (4) (th	his hospital) attended the dece	sed from May 21 , 19.	68_, to_May_21,	19 68 , that (1) (we) last
L	saw the deceased o	alive an May 21	sed from <u>May 21</u> , 19. 19. 68 , and that in 100() (aur) a	pinion death occurred on the	date and hour ond from the
ı	22b SIGNATURE	re, xtx (we) (did) (shx sox) view th	e body differ death.	22	2c DATE SIGNED
l	ZZU SIDIATOKI	1 Jarat	DEGREE PHYS	AARD CTAFE	May 24, 1968
l	22d PHYSIC AMS	J-1110:	22e, ADDRESS	PIRCEIOR - (1)75.	
	NAME (Type)	rnardo Alvarado,	M. D. Prince Ge	orges General Ho	
2		DATE. 23c NAME (OF CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) Marsy and
L			Geo. General Hosp		
1	4. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGISTRAN	
(ALENING THE PROPERTY OF THE PR	JR , ADMINISTRATE	DES DATE	UN 6 1968 RC	harles Judge



			DIVISION	OF VITAL RECORDS,				ORE, MAR	RYLAND 21	201	. Pré	
		0000			CEKIIF	ICATE OF					13 11 1	496
= = = = = = = = = = = = = = = = = = = =		CEASED-NAME First		Middle		Last		2a. DATE OF		Day	-Vanet -	26 HOUS
deg deg		ype or print) Franc	cis	L.		Poore, S	r.		Malynth	29	1 968	P. M
b ₽	3. 51	X	4. RACE			5. DATE OF BIL	RTH		6. AGE (In ye	ors		F UNDER 24 HRS
pours after death n by Ipertugeral rs. Pares I and A haurs an adeath		male	Wh	i te		June 2	7,1907		log dirthdo	y) YRS. A	ZYAO ZHIMON	HOURS MIN
के कि है				OF WHAT COUNTRY?	8 MARRI	ED 😰 NEVER MARI	RIED 9.	COUNTY OF	DEATH			
Personal States	Will	Shington, D.C.	U.S	i.A.	WIDOW		CED 🔲		e Georg	-		Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pour be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a should be detached far use as the burial-transit permit. Then please remave carban papers. Bed with the State Dept of Health prior to burial, cremation, or remaval, and in any event, within 72 has		ITY OR TOWN OF DEATH ural(Glenn Dale	e)	II NAME OF HOSPITAL OR IN GIVEN THE COLUMN TO THE COLUMN THE COLUM	стітитіон (Новрі	If not in hospital .tal	120 USUAL C	prepend	(Kind of wark	c done stired.)	12b KIND OF B	ISINESS OR
d w letel arb	13a	USUAL RESIDENCE (Where decease	ed lived, if i	nstitution: Residence before	13c CITY	OR TOWN	139 INZIOE CITY FIWIAZ	2 13e ST	REET AND NUM	BER		
ump ve c	odm	ashington, D.C.	13P CON	INTY _	Wash	ington	YES NO	2840	Blade	ensbu	rg Road	, N.E.
d cc any	14.	FATHER'S NAME First	Mic	ddle Lost		IS MOTHER'S MA	LIDEN NAME First		M	ddle		Lost
be and		Frank	-	Poore			Car	rie		-	Barn	es
ate iciar leas anc	160	WAS DECEASED EVER IN U.S. ARM			NO.	7 INFORMANT			Ad	dress		
hys n p		(es, no or unknown) (1 yes give w	or or dates of sen	Unknown		Decedent	;					
a p b a c c c c c c c c c c c c c c c c c c		18. CAUSE OF DEATH (Enter on	y one cause	per one for (o), (b), and (c	.}			-	eden	na.	APPROXIMU BETWEEN ON	TE INTERVAL ET ANO GEATH
ath indigination of the state o				Congestive h		failure	with se	vere			2 day	
de de erm	1	4129), OR AS A CONSEQUENCE OF								
at o o o o o o o o o o o o o o o o o o o		Conditions, if any, which gave)		Arterioscle		e heart	disease				years	
hat Jy ff ansi		rise to immediate couse (o), (stating the underlying couse(), OR AS A CONSEQUENCE OF		J 11001_0	420000					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		last. 4200	10	d								
hys gne urio urio		PART 2. OTHER SIGNIFICANT COI	DITIONS COL	NTRIBUTING TO DEATH BUT I	IOT RELATED	TO THE TERMINAL	L DISEASE OR CON	DITION GIVE	N IN PART 1(o)		-	
ng p	_	Pulmonary tu	_									
law ndir bee s th	1 g	19a DATE OF OPERATION 19b	CONDITION F	OR WHICH OPERATION WAS P	ERFORMED	20a AUTO	PSY?	20b 1F	YES, WERE FIN	IDINGS CO	NSIDERED IN CER	TIFYING
bing PHYSICIAN: The law reby the haspital or attending the haspital or attending After this certificate has been be detached far use as the State Dept of Health prior to	CERTIFICATION					YES K	NO 🔲	CAUSES	OF DEATH?	(es		
ar ar as		210 ACCIDENT WAS UNDERLYIN	IG 21b T	TIME OF INJURY	210	HOW INJURY OCC					em 18.)	
figure 14 A	MEDICAL	DR CONTRIBUTING CAUSE OF DEAT	HOUR	A.M. Manth Day Year P.M.	9							
aspure cert	물	21d INJURY OCCURRED 21e	PLACE OF IN	JURY (AT HOME FARM STREET, F.	CTORY) 211	LOCATION Street	t or R.F.D. Na.	City	or Town		County	Stote
his his Deg	П	While Not while at work of work		OFF CE BUILDING ETC	/			·				
N Y + Y Ger to be determined to the part of the part	1	22o. I certify that (1) (th	is haspital) attended the decease	ed from.	5/19	. 19.67	, to	5/29	. 196	8 , that i	I) (we) last
d by African A		220. I certify that (I) (the saw the deceased a	ive on	5/29	19.68	and that in (m	y) (<u>our)</u> opinio	an death a	occurred on	the dot	e ond hour o	nd fram the
E E E E E			, (I) (we)	(did) (did not) view the	bady aft	er deoth.						
A Se Care	П	22b. SIGNATURE	LD /	10		EGREE PHYS	IG MED		STAFF		ATE SIGNED	
2 8 8 8 8 8 8		VIV	7 6	1 KON	Ð			CTOR 1	PHYS	May	29,196	8
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transferulable filed with the State Dept af Health priar ta burial, createned.		22d. PHYSICIAN'S NAME (Type) MO	Weis	s, M.D.		Glen	n Dale :	Hospi	tal. Gl	enn	Dale. M	d
OSP Fig. 4	22.				CEMETERY	OR CREMATORY			ON (City or Tov		(Caunty)	(State)
E & E E	230	DEMONA (Const.)				oln Ceme	- 1					(alore)
5-5-1	24	FILMERAL DIRECTOR	<u>-1-68</u>	ADDRES			250. RECD BY I		25h PEG	S 2 GAGT21	s Md.	
VR A 3 4) 30M REV 1/68	1"	LLE PEREL	72 /4		1 4	0/227	DATE STILL		1968	oche	mes In	del
	L			Wash	ingt	on D.C	DATE		NOU_	T		0

MAKTLAND STATE DEPAKTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item#5, Film#G400 5/24/68 km 2b. HOUR m DECEASED NAME Lost M. ddle 20. DATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Month 12 Bradley FY PORTER IF JINDER 1 YEAR 4 RACE S. L. IE OF BIRTH 6 AGE (In years -last birthday) MONTHS DAYS 10-13-00 Male White 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. 8IRTHPLACE (State or foreign MARRIED NEVER MARRIED country) Va. U. S. A. WIDOWED 5 DIVORCED [Prince George's 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street oddress) during most of working life, even if retired.) INDUSTRY Prince George Hospital Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c CITY OR TOWN 134 UNSIDE CITY LIMITS? 13e, STREET AND NUMBER 13P CONNEX NO T 511h Decatur St. Edmonston Geo transit permit. Then please remor crematian, or removal, and in any IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost James Porter Frances Wirginia X Malvin 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Mother) Frances V. Porter As above 18. CAUSE OF DEATH (Enter any one couse per line for (e), (b), and (c).) PART I DEATH WAS CALSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave; rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16-1 certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES IV NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor detached for the Dept. of H P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while ot work 220. I certify that (I) (this hospitol) attended the deceased from Legacian 1968, to may 12, 1968, that (I) (we) last saw the deceased alive on may 12, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the TO FUNERAL DIRECTOR: After director, page 3 shauld shauld be filed with the causes stated obove, (1) (we) (did) (and not) yew the body after death. 22b. SIGNATURE 22d. PHYSICIAN S NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION (County) Ft. Lincoln Cemetery Colmar Manor Md. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Frances Gasch's Sons Hyattsville. Md. 1968 30M REV

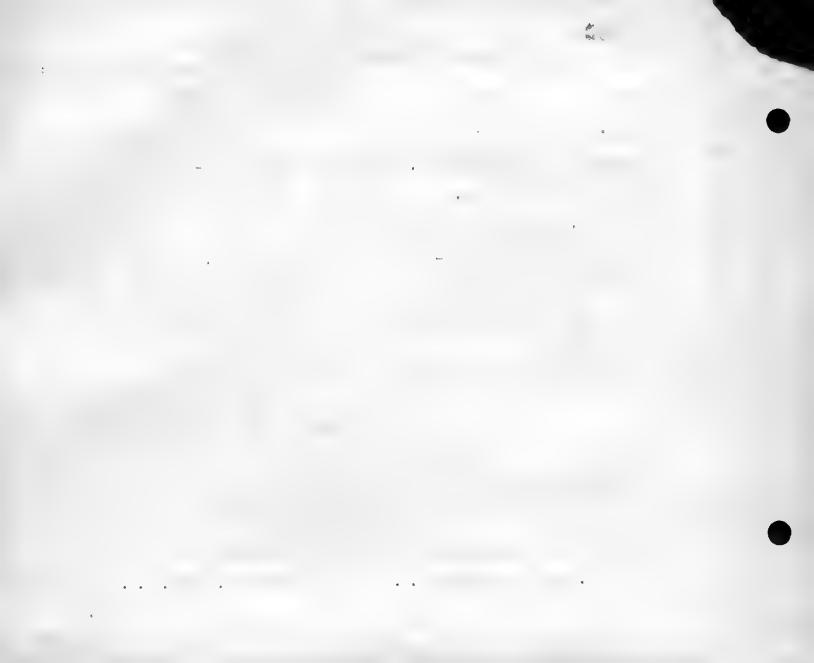
MAKYLAND STATE DEPARTMENT OF HEALTH



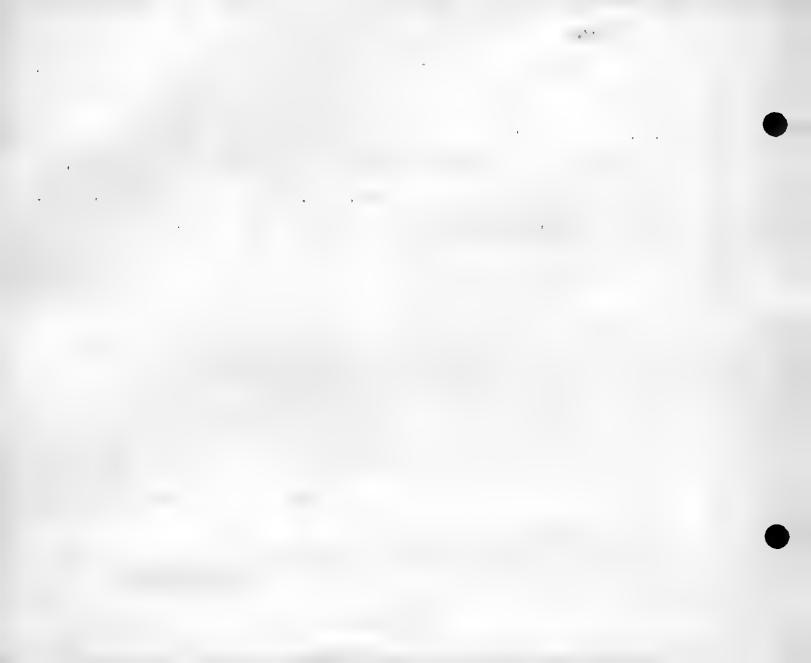
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME 20. DATE OF DEATH 2b. HOUR (Type or print) Wesley Sylvester Princeler Month 3. SEX 4. RACE S. DATE OF BIRTH 6 AGF (In years IF LINOER I YEAR last birthday) HOURS White 12/05/03 Male 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country enna. U.S.A. WIDOWED F DIVORCED [Prince George's requires that the death certificate be executed within 24 completely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR burial-tronsit permit. Then please remove corban po burial, cremotian, or removal, ond in any event, withif Cheverly give street address)
Prince Geo. General

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN during most of working life, even if retired.) Mechanic - Triangl a Motor Co. 13e STREET AND NUMBER admissian) _ STATE Pr Geo. 6221 - Shadeside Ave. Capital 14 FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Princeler Anna Shirley 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, orunknawn) NO 577-09-6575 Mrs. Florence E. Princeler Address) 18. CAUSE OF DEATH (Enter only one cause per lyne, for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions if any which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the under ying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO Z 21c HOW INSURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Tawn County State White Not while 220. I certify that (i) (this hospital) attended the deceased from 3 - 2 , 1965, to 6 - 3 , 1965, that (I) (we) last sow the deceased alive on 5 - 1965, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE **ATTENDING** PHYS DIRECTOR PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (TypDr. Saul Schwartzbach M.D. 106 Irving St. Wash. D.C. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specty) 5/6/ Ft.Lincoln Cem. Colar manor, ADDRESS . Rainier, 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE ley's Funeral Home Inc. 30M REV 1768 Maryland DATE

MAKILAND STATE DEPARTMENT OF REALIST



1				301 W. PRESTON STREET, BALTI		
7 - /		5.394	*	ERTIFICATE OF DEATH		· ,
de oth		CEASED-NAME First ype or print) Mamie	Middle	lost Punch	2a. DATE OF DEATH Month Day 5	2b. HOUR 1968 1:15A M
th Tur	3. SE	X Female	4. RACE Negro	S. DATE OF BIRTH 1/4/1924	at viac (iii Joans	UNDER I YEAR IF UNDER 24 HRS. INTHS DAYS HOURS MIN
4 hours	7a. E cour N .	IRTHPLACE (State or foreign 7 try)	VB. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	county of DEATH Prince Georges	Md.
ithin 2 ly filled on pap within 2	10. (ITY OR TOWN OF DEATH Glenn Dale	II. NAME OF HOSPITAL OR INST	TOTOTION (If not in haspital during me	L OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY UN KNOWN
uted w smplete ve carb	13a admi	USUAL RESIDENCE (Where deceased ssian) STATE		13c CITY OR TOWN 13d INSIDE CITY IN WASH. D.C. YES X NO	NITS? 13e. STREET AND NUMBER	
be exected on the conduction of the conduction on the conduction of the conduction on the conduction of the conduction on the conduction of the conduction o	14 F	ATHER'S NAME First ONN/E unknow	Middle Last Con Stephen Con	IS. MOTHERS MA DEN NAME F	ist MASON	Last
rficote nysicion n pleose ral, and		WAS DECEASED EVER IN U.S. ARME	D FORCES? or dates of service) unknown	*/11/	Address	
equires that the death certificate be executed within 24 hours physician. signed by the ottending physician and completely filled in by the burial-transit permit. Then please remove carbon papers. Paburial, cremation, or remayal, and in any event, within 72 hours			ane cause per line for (a), (b), and (c).)	rebrovascular acci	dent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH days
the de		1 01, Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF			
ss that icion. id by the il-tronsi		nse to immediate cause (a), (stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF	l hemorrhage, evac	wated surgically,	1965
require ig phys in signe e burio			ortions contributing to brath but no erculosis; urinary	T RELATED TO THE TERMINAL DISEASE ORCI	ONDITION GIVEN IN PART 1(a)	
N: The law requires the or attending physicion. It has been signed by r use as the burial-troisalth priar to burial, cre	CERTIFICAT ON	190. DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS PER	FORMED 20a AUTOPSY? YES NO XX	20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	SIDERED IN CERTIFYING
IAN: Titol or of ficate I for us ferus ferus	MEDICAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		nature of injury in Part 1 or Part 2, Iter	n 18.)
PHYSIC ne hospi his cert etoched Dept. o	MED	21d INJJRY OCCURRED 21e. P While Nat while at wark	P.M. 19 PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC	(GRY.) 21f LOCATION Street or R.F.D. No.	City or Town	Caunty State
Page 4 may be retained by the hospitals. The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filled with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 hours offer death.			haspital) attended the decease ve an 5/9/19	d fram <u>4/17/</u> , 19 <u>6</u> 9 <u>68</u> , and that in (XXX) (aur) api ady after death.	58 , ta 5/9/ , 1960 nian death accurred an the date	8, that xt) (we) last and haur and fram the
OR ATI		22b SIGNATURE W	of When			5/9/68
SPITAL 4 mgy k NERAL D tor, pag		22d. PHYSICIAN'S NAME (Type) Moe W	eiss, M. D.	22e. ADDRESS Gler		
Poge to FUN	L		13-68 ItARN	EMETERY OR CREMATORY 1611 MIEM PK	LANDOVER P.	(County) (State) RIGEO NID
VR A15 [4] 30M REV 1/68	24	FUNERAL DIRECTOR S. F. Ke. H.	lo. 409 6 th	Str.W, DATE MA	1.00	GNATURE Judge



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
		CERTIFICATE OF DEATH						
22	1. D	CEASED-NAME First Middle Lost 2a DATE OF DEATH 2b HOUR						
4 haurs after death	('ype or print') GEORGE L PYLE 1/A Month 3 Day 1968 M						
ofter after after after	3. SI	4. RACE S. DATE OF BIRTH 6. AGE (In years IF JHDER 1 YEAR IF UNDER 24 HRS						
the safe safe safe		Mule Caucasian 10-1-1893 lost birthday) MONTHS CAYS HOURS MIN						
a d line		SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH						
	tau	U.S. WIDOWED & DIVORCED P.G. Caunty Md.						
within State of the state of th	10.	11 NAME OF HOSPITAL OR INSTITUTION (.f got in haspital during most of work done give, street address) Serve (3 par in haspital during most of working life, even if retired.) INDUSTRY						
		Mot Hosp ETE 1900 Driver						
e executed with and campletely remave carbon n any event, wit	13o. adm	USUAL RESIDENCE (Where descosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY DC 14cm Hz YES NOT 8 2 5 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5						
ecut ave		PG Ingent 133 13 Verona Livel						
and rem	14	ATHER S NAME First Middle Lost IS MOTHER S MAIDEN NAME First Middle Lost						
e be	7/	· Not KNOWN						
h certificate b ing physician Then please remaval, and i		WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Hyathurille, 125-05-1474 Charles L. Pyle 8305 Verona Dr. Maryland						
ertif eva ava	-							
F F F F F F F F F F F F F F F F F F F		18. CAUSE OF DEATH (Enter only one couse per line toc (a), (b), and (c). PART (, DEATH WAS CAUSED BY:						
e death attendii sermit. an, ar ri		4 1 0 9 DIE TO OR AS A CONSCIUENCE OF						
per ign	ı	OUE TO, OK AS A CONSEQUENCE OF						
at the the nsit p		Canditians, if ony, which gave (b).						
quires that the physician. signed by the burial-transit burial, cremat		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF						
ysic ysic med riof								
ph g bh		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)						
law re nding been s the iar ta	SE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING						
The International Internationa	CERTIFICATION	YES S NO CAUSES OF DEATH?						
er or a difficult	Œ	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
far far far	ਤੁ	TO OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year						
rssic aspi cert hed bt. a	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) While Only while Office Buttomic, ETC. While Only while Office Buttomic, ETC.						
PH his his Dep	ı	While Nat while at work of work						
N Y # Ber the de		22a, I certify that (I) (this hasnital) attended the deceased from Service 1966 to 20 a. 3 1968, that (I) (we) last						
A P P P P P P P P P P P P P P P P P P P	L	22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 12 19 and that in (my) (aur) opinian death accurred on the date and haur and from the						
Solution of the state of the st		causes stated abave, (I) (we) (did) (did nat) view the body after death.						
FECT S S S S S S S S S S S S S S S S S S S	ı	22b. SIGNATURE ATTENDING MED STAFF 22c DATE SIGNED 22c DATE SIGNED 22c DATE SIGNED						
be de		MEGNI () CO TO BEGKEE PHYS LS DIRECTOR LI PHYS. LI REFE), 170						
May RAIL		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS						
OSP JNEI JNEI uld	22	BURIAL, CREMATION, 23b DATE 23c NAME, OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)						
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet director, page 3 should be detached far use as the burial-transit permit. Then please remave car shauld be tiled with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event.	230	BURIAL (REMATON, 236 DATE 236 NAME, OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) May 6, 1968 National Menorual Park Jalls Church, Ja.						
= =	24	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAB'S SIGNATURE						
VR A15 (4) 30M REV 1/68	,	Lucy Funeral Agence arlington, Va, DATE MAY 8 1968 Thanks Judge						
	\vdash	with for the stand wind on I to be will be						

MARTLAND STATE DEPARTMENT OF HEALTH



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	₹₽ .
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month I Type or Print) OF EST.	Doy Yeor 2b HOUR
3 to 3 to 15		Herman Bacusin DEATH MATED 1 5	4 1968 band
delay and 3 NA	3 5	SEX 4. RACE S DATE OF BIRTH 6. AGE (In years of burder) 10-31-04 6. AGE (In years of burder) Months DAYS HOURS MIN Month 5 DAY 24.	Yeor 19 (8 10 E A M
2 E 0	Yo	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
farri	βÃ	TIMORE MD. U.S.A. WIDOWED DIVORCED Prince George's CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in nospital 120 USUAL OCCUPATION (Kind of work done 11)	Md
HINER: This certificate shauld be executed within 24 hours after death the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2 should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages land 2 with the State Departation, ar removal, and in any event within 72 hours after death.	L	Laurel give street oddiess) during most of working ife, even it retired) DRUG CITY	26 K ND OF BUSINESS OR NDUSTRY SALESMAN
18. Governorms and the control of th	0	USUA. RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE IId. 13b. COUNTY T.G. Laurel YES KI NO L. AL B Street	
hours Item Office I and 2	14.	FATHER'S MAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncil in l niner's pages l hours	1/4	FRANK RACUSIN EMMA WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	COHEN
thin 24 encil in miner's pages hours		Yes, no, or unknown) (If yes give wor or dates of service)	WILL FOOTY NO
shauld be executed wrt a ward "pending" in pe the Chief Medical Exar iurial-transit permit. File in any event within 72	-	NO MR. ALLEN RACUSTN, 1502 NTCHOLAY (18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
uteo ical iithii		PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (o) Heart Failure	minutes
ndin Med per per		DUE TO, OR AS A CONSEQUENCE OF	Liques
be "pe "pe nief nsit		(onditions, if only, which gove) (b) Arteriosclerotic Heart Disease	
ord e Cr e Cr iny		rise to immed of e couse (o), (ii) A TOOL TO SET OF THE TOTAL TO THE T	
shauld be en ward "perion to the Chief." burial-transit		losi. (t)	1
ificate ting th rded 1 as a l al, and	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
wrii wrii Irwa Irwa Irwa Irwa Irwa	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his one, ee fo	RTIE		YES NO 🔀
INER: This certificate, writh should be farwor files. 3 should be used nation, ar removal	MEDICAL CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M.	n 18.)
bical Examiner: This certificate se execute the certificate, writing the crar. Page 4 shauld be farwarded to ned far yaur files. iECTOR: Page 3 should be used as a barrial, crematian, ar removal, and	WE	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. City or Town	County State
AL EXA execute ir. Page I far yau TOR: Pag		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X.	ond in my opinion
olica ctar. ctar. bed bul		deoth resulted from: Notural causes 💹, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined monner [
Try please eral directal be retained RAL DIRECT		ACTUAL CHIEF MEDICAL EXAMINER C	
TY. P		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 1 22D. DATE SI	
necessary, please execute the funeral director. Page 4 5 may be retained far your fo FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S John Lehoe M.D., Liverille, Id. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)).3
5 = = 2 E	230	REMOVAL (Spidefy)/	County) (State)
000	24	BURIAL 7 5-6-68 CHOFETZ CHAIM ROSEDALE MARYLA	
VR A15ME (5) 10M REV 1/68	1	FUNERAL DIRECTOR ADDRESS ADDRESS 250 RECORD REGISTRAR 1968 RECORDS	Co Jan



, 1.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
H (n.	CERTIFICATE OF DEATH 7502
= -	1. DECEASED-NAME First , Middle Last 2a. DATE OF DEATH 2b. HOUR
de d	(Type or print) Helen V Ramed May 1968 6,187
	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years 15 UNDER 1 YEAR 16 UNDER 24 HRS.
te a a	Female White 1 April 1904 64 YRS. MONTHS DAYS HOURS M.N.
by d	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 7country) 9. COUNTY OF DEATH
n 24 h Jled i= papers un 72 h	VIRGINICO U.S. H. WIDOWED DIVORCED Prince Georges Md
campletely filled is avec tarban papers.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life even if retired) 12. LIND OF BUSINESS OR LIND OF
unted with simpletely to carban event, with	Chevelry Prince Georges Gen. Hosp. Greek Laundry
pplett carrient,	13a. SUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b COUNTY 13c CITY OR TOWN 13d MSDE CITY LIMITS? 13e STREET AND NUMBER
carr ave	Maryland Pri Geo. District Heilt 100 6600 Burges Road
e execut and cam remave n any ev	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Chapman Omer L Funk Mamie Rice Chapman
e be	<u>_</u>
law requires that the death certificate be executed within 24 haurs after death nding physician. been signed by the attending physician and campletely filled in by the funeral is the burial-transit permit. Then please remave carban papers. Pages 1 and in the burial, crematian, ar remaval, and in any event, within 72 haurs of the death.	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Unknown) (Hyes give war or dates at service) NO (Hyes give war or dates at service) Yes, no, or Unknown) (Hyes give war or dates at service) NO (Stover Funeral Home Strasburg, Va.
pth)	ADDALLA STATE
equires that the death ce physician. signed by the attending burial-transit permit. Th burial, crematian, ar rem	18. CAUSE UP DEATH (Enfer only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY
dea rmit , ar	
the pel	Canditions, if only, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if only, which gave)
nsith nsit	rise to immediate cause (a)
s the cian t	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)
hysi mysi oria	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
red ig p	1/42 \(\) 1
PHYSICIAN: The law rethe hospital ar attending this certificate has been seletached far use as the becarded far use as the becarded far we have the becarded far we will be selected far we will be selected far when the becarded far we will be selected far when the selected far we will be selected for the selected far when the selected far we will be selected for the selected far when the selected far we will be selected for the selected far when the selected far we will be selected for the selected far when the selected far we will be selected for the selected far when the selected far we will be selected far when the selected far we will be selected for the selected far when the selected far we will be selected for the selected far when the selected far we will be selected for the selected far when the selected far we will be selected for the selected far when the selected far we will be selected for the selected far when the selected far we will be selected for the selected far when the selected far we will be selected for the selected far	The state of operation 196. Condition for which operation was performed 200. Autopsy? 206. If yes, were findings considered in certifying
the age of the property of the	190. AUTOPSY? 200. IF 7ES, WERE FINDINGS CONSIDERED IN CERTIFYING 200. IF 7ES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1215. TIME OF INITIALLY 190. ACCIDENT WAS UNDERLYING 1215. ACCIDENT WAS UND
R: are	
CIA ifficial for Hifficial of Hifficial	OR CONTRIBUTING CAUSE OF DEATH OUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 21d INITIDE OF CHIEFE D. 1216 PLACE OF INITIDE AND STREET FACTORY) 21f IOCATION. Street or P.F.D. No. (the or Town) (quote State
G PHYSICIAN: The the hospital ar afte this certificate has detached for use a ce Dept. of Health pr	
DING PHYS by the host offer this ce be detache State Dept.	of wark at wark
TENDING fined by th R: After to build be di the State	22a. I certify that (I) (this haspital) attended the deceased fram. 1967, ta 5, that (I) (we) last saw the deceased alive an 5, and that (I) (we) last causes stated above, (I) (we) (did) (did nat) view the body after deoth.
END led he S	saw the deceased alive an
T daint and the state of the st	226_SIGNATURE 226_DATE_SIGNED
OR ATTENDIN be retained by JIRECTOR: Afte	DEGREE PHYS DIRECTOR
AL C	22d. PHYSICIAN'S 22e. ADDRESS
ERA ERA di be	NAME (Type) Holmes
O HOSPITAL OR ATTENDING PHYSICIAN: The low range of may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health prior to	23a. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
2 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify) 5/11/68 Riverview STRAS DURG Va
VR A 5 (4)	24 FUNERAL DIRECTOR ADDRESS / 250 REGISTRAR
30M REV 1/68	Francis Hareh Son Hyattsville, md DATE MAY 15 1968 John The

MAKTEAND STATE DEPARTMENT OF HEALTH



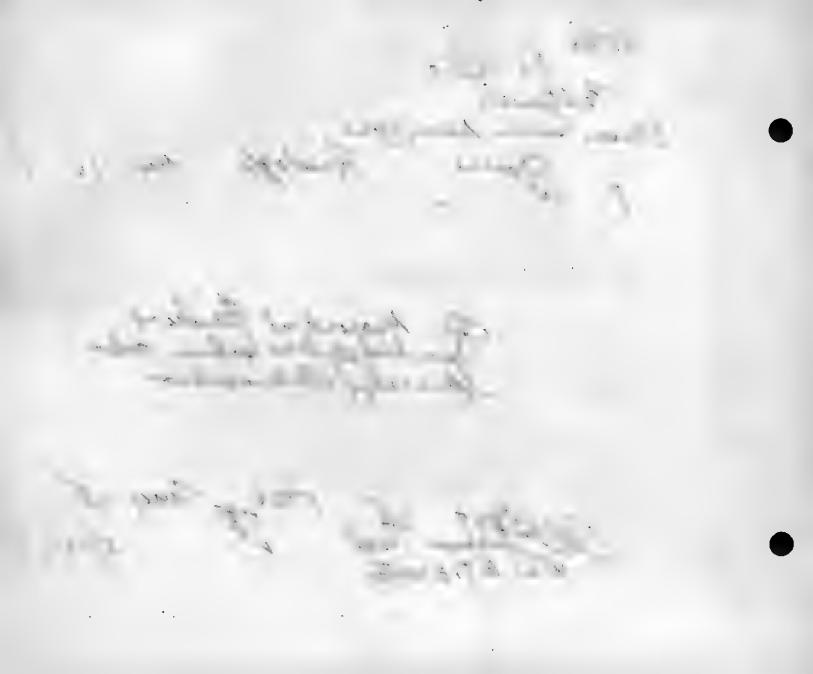
1	Item 18 Film 404 9-24-MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DERT.	A DECEMBER ALLEY
N 0 0	(Type or Print)
5 m 3 ()	SEX 4 RACE S DATE OF BIRTH 6 AGE (in years F Jinder rear F Jinder 24 Hrs. 20 DATE PRONOUNCED DEAD 22 Hr
ourt	asi birthdoy) MONTHS CAYS HOURS MIN. Month Day Year 7.2
PM3 deny de PM3	maleite 4-6-68 YRS 1 17 5 23 19 68 70 BIRTHPLACE (Stote or fareign 76 CIT ZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED NEVER MARRIED () 9 COUNTY OF DEATH
	Maryland U.S.A. WIDOWED DIVORCED Prince George's
age age the fath	O CITY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUT ON (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
after death S Give Pages along with for with the State eath	17. Hyattsville grant Street during most of working life, even if retired.) INDUSTRY None None
s after 18 Giv s olong 2 with death	13a ESUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
18 a 18 de de	admission) STATE Ld. 13b COUNTY P.G Hyattsvillers X NO 1900 Van Buren Stret
thin 24 haurs of the 18 miner's Office of pages land 2 v haurs ofter de	4 FATHER S NAME First Middle Lost 15. MOTHER S MAIDEN NAME First Middle Lost
24 min lin lin lin lin lin lin lin lin lin l	Charles Lee Ramsey Norma Lynn Brandrup
hau hau	66. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS M
with per xan xan xan 72	No None Victor E. Brandrup, Grandfather, Kensington
I be executed with a pending in pentile. This file from transit permit. File prevent within 72 h	TB. CAUSE OF DEATH (Enter only one cause per time for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ecut ingi edro ermi	PARTI DEATH WAS CAUSE (a) SDII Pulmonary edema and congestion (severe)
ent pent	DUE TO, OR AS A CONSEQUENCE OF Unknown
shauld be executed the word pending is to the Chief Medical burial-transit permit.	Conditions, if any, which gave (b)
auld vord he Ch ial-tro any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
sho ne v no th burn l'in	last. (c)
This certificate shauld be executed within 24 haurs after facte, writing the word 'pending' in pencil in Item 18 Give be farwarded to the Chief Medical Examiner's Office along die used as a burial-transit permit. File pages land 2 with the ar remayal, and in any event within 72 haurs ofter death	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
rriffr rritter vard val,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
s certification with a second control of the certification of the certif	WAS PERFORMED? YES XX NO [
This cate, be for	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)
= = =	PRIMARY OR CONTRIBUTING HOUR A.M.
INE Sha	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State
	WHILE NOT WHILE CAT WORK AT WORK AT WORK
L EX cecut Pag Par y R: Po	22a certify that taak charge of the remains described above, held an Autapsy Inspection X , Inquiry X , and in my apin
ICAL E executor Poer Poer Poer Poer Poer Poer Poer Po	deoth resulted from: Natural cayses X, / Accident \(\overline{D} \), Suicide \(\overline{D} \), Homicide \(\overline{D} \), Undetermined manner \(\overline{D} \)
please please I director retained L DIREC	CHIEF MEDICAL EXAMINER
ITY DIC.	ACTUAL 22h DATE CICNED
Orry, orry, be be be	SIGNATURE M.D ASSISTANT MEDICAL EXAMINER () 220 DATE STORED EXAMINER'S DEPUTY MEDICAL EXAMINER () 5-25-68
TO DEPUTY DICAL EXAM necessary, please execute the funeral director Page 4 S may be retained far your TO FUNERAL DIRECTOR: Page	NAME (Type) John Kehne M.D., Riverdale, Laryland ADDRESS (Street, city, town, or county)
5 5 £ 2 5 £	230 BURIAL CREMATION, 230 DATE 230 NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (County) (Stote)
(4)	Cremation 5/27/68 Cedar Hill Crematory Suitland, Maryland
P	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 RECUSTRARS STOLATURA
VR A15ME (5) 10M REV, 1/68	
	Washington, D.C.



1/1 .	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4)
HEALTH DEPT.		MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECCASED-NAME First Middle Lost 20 DATE KNOWN Month	To voice
S S S S		Type or Print)	10:00
30, 30, 40, 40, 40, 40, 40, 40, 40, 40, 40, 4	3. S	Thomas Jackson Rande DEATH MATED 5	6-(3) 19 IP M
del del		incle Negro 1-16-10 for YRS MONTHS DAYS HOURS MAN Manth 5-26-03	Year 19 P 25
Eri La		BIRTHPLACE (Signie or foreign & CLITZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
form form	CGU	who will broke I Prince George!	
offer death S. Give Pag olong with with the Sta	10. 0	division address division of the area of t	12b KIND OF BUSINESS OR INDUSTRY
er d sive ng w ng the	120	Cheverla-DOA Prince George's Hospital WWW Houselds I Was AL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 30 INSIDE CITY DMITS? 13e STREET AND NUMBER	
24 hours ofter death in Item 18. Give Pages 1, r's Office olong with form es land 2 with the State Ders ofter death.		dm ssion), SATE 13b, COUNTY 13b, COUNTY Prince George's St. Ple ntYES NO 7603 b. St.	root
hours Item 11 Office 1 and 2	14	ALTERS NAME First D Middle O Lost IS MOTHER'S MAIDEN NAME First O Middle	LOST LOST
24 h in the ris of ris of		Marles Kandall Sadie Smit	w
thin mane mane page		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT Rula Randall-Wife-760	3.Dsf
ed v	Г	CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Jacon tions of brain	minutes
excend f Merit it pu		81.2, O DUE TO, OR AS A CONSEQUENCE OF	
d be d "p Chie rons		(anditions, if any, which gove as to immediate cause (a), (b) Multiple skull fractures	minutes
should be executed with the word "pending" in person the Chief Medical Exor bunol-transit permit File in any event within 72		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	wi wash o d
te si the d to d bu		(c) Trauma cuto accident PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	minutes
te, writing the forwarded to see used as a breezely and temporal, and the removal, and	2		
certh writt orwar used	STIG	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
MINER: This the certificate, 4 should be four files.	CERTIFICATION		YES NO S
NER: Till certifice hould be believed by should be should be trian, or trian, or		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Its PRIMARY TO RECONTRIBUTING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Its	·
INER e cer should files.	MEDICAL	PRIMARY TO OR CONTRIBUTING 10-15 MPM 5-26-188 Driver of c. r involved in collication of the collication of t	
\$ +		while NOT whise factory, office building, etc.)	nce George's
AL EXA execute rr. Page of for you uriol, cre		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	
bical in lease exect director. Personnel for DIRECTOR: or to buriol.		death resulted fram: Natural (auses), Acident , Suicide), Hamicide , Undetermined manner	_ , ,
please er i director. retained		CHIEF MEDICAL EXAMINER	
		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22b. DATE	
necessary, planethe funeral of S may be really broad by the state of the state		EXAMINECS	27–68
necessary the fune 5 may b CO FUNER Health	230	NAME (Type) John Kelico, L.D. REDORGS (Schetility, Joseph de County) BERIAL DREMATION 1236 DATE: 1236 NAME DE CEMETERY OR CREMATORY 1236 LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) 5-31-68 Ballemore nat Com Cutousrelle	ma
VR A15ME SAN	24	FUNERAL DIRECTORY ADDRESS AD	SIGNATURE
TOM REV THE	1	lenry & Washington & Dono-4925 Neare Ox TE DATE THIN 3 1968 pch	orles judge
Ψ			17



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
로 등0년	CERTIFICATE OF DEATH
after death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY B. COUNTY MARYLAND MARYLAND MARYLAND
	b. CITY OF TOWN (If outside corporate Milts, write RURAL end give nearest town) write RURAL and give nearest town)
n 24 hours y filled in b paper a hin X2 hours	Eleven Colors Residence 3602 METZEROTT KOHII. 6. IS RESIDENCE ON A FARM? YES NOT
uted within completely ve carbon perent, within	3. NAME OF DECEASED (Type or print) Carrie Middle Manager DeceaseD (Type or print) Carrie M. Manager DeceaseD (Type or print) Carrie Middle Manager DeceaseD (Type or print) Carrie
xec and any	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED DIVORCED NEVER MARRIED 1881 November 1881 Novemb
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (County & State, or Foreign country) 12. CITIZEN OF WHAT COUNTRY2 COUNTRY2 COUNTRY2
certifical Iding phy Then p	DENJAMIN SWINGLE. 14. MOTHER'S MAIDEN NAME VET KNG W N.
e death certific the attending p t permit. Then ation, or remova	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 36 07 METZEK (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT Address 36 07 METZEK
requires that the ding physician. been signed by the burial-transion to burial, cremore t	18. CAUSE OF DEATH [Enter only one cause partie for (a), (b) land (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) DUE TO Conditions of the cause (a) the cause last. (c) DUE TO Conditions of the cause last. (d) DUE TO Conditions of the cause last. (e)
CIAN: The law ospital or atten certificate has fed for use as t. of Health prit.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOY RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN the hospit this certi detached detached e Dept. of	
NG by be state	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20mm,
ATTENDING retained by retore. Afte CTOR: Afte should be with the Sta	21. I certify that (I) (this hose ital) attended the deceased from 19 to 19 that (I) (we) last saw the deceased give and on the date stated above. 22a. SIGNAYORE 12b. DAYE SIGNED
AL OR AL OR AL DREI Page 3	M.D. ATTENDING MED. STAFF STAFF STAFF STAFF
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR. director, page 3 should should be filed with the	NAME (Type) W.L. ETIENNE
Pag of physical shapes	PREMOVAL (Specify) May 15-1968 Maple Stock 24 FUNERAL PIRECTOR ADDRESS, EL TERROL 258. REC'D BY REGISTRAR 256. REGISTRAR 510 ATUBE
VR AI5 (4) 20M 1/65	Lettur Restars St. SE. DET DATMAY 1 5 1968 Junior grant



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 , 7506 CERTIFICATE OF DEATH DECEASED-NAME Middle 26. НОЦЯМ First Last 2a. DATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth. (Type or print) Lutie Mae Rhodes physicion and completely filled in by the fune SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS the otherding physicion and compress, Pages with permit. Then please remove carbon popers. Pages last birthday) DAYS White 9/16/96 Female. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED **USA** WIDOWED ST DIVORCED Virginia Prince George cremation, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Riverdale E.Leland Memorial Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b COUNTYPrince George Hyattsvill 85 ₺ № □ 5103 42nd. Ave 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First last Middle Last Nip Chisholm Mullins Laure 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown)
unknown (If yes give wor or dates of service) 4408 Queensbuyr Rd. E.Leland Mem. Hosp. IB. CAUSE OF DEATH (Enter only one cause per sine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) 1100 DUE TO, OR AS A CONSEQUENCE OF HYPERTENSIVE C-V DISEASE signed by the buriol-transit p Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physicion. stating the underlying cause buriol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to l FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? director, page 3 should be detached for use should be filed with the State Dept. of Health it YES 🔲 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 216. TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, nat fy medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Tawn County Stote While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 4-29, 1965, to 5-3 ., 19 65 , that (I) (we) last saw the deceased alive an 3 196, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR STAFF DEGREE 5-3-68. PHYS PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23a. BUR AL, CREMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) RENOVAL (Splidly) 0 Rhodes Cemetery Fluvana Va. 5/6/68 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Maryland 30M REV 1/68 DATE

. ey x . : 5

· V.		MARILAND JIAIL DEFARMAND OF MARIAND COM									
1 × 1 × 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
-(1A1)		CERTIFICATE OF DEATH									
- ~	1. 0	DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR									
death neral and 2 death		The second section of the second seco									
r deat uneral 1 and 2r deat	J.,	WILLIAM 800 11CHARDS 3-28-68 3A"									
ter fer fer	3. S	last high days higher annual part higher annual par									
y the Pages		MAILE White 6-18-13 RS MUNITS ONES TOURS MINI									
by de Pours	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH									
nour nour nour nour nour nour nour nour		inity) A A A									
hin 24 hi filled in papers.	100										
is series	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION IN not in bosantial or 120. HEMAPOTOW OF THE ARM TO									
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. NRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Bages I and 2 ed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death		Clinton Pine View BARdens Floors Kings Places									
d v		HIGHER DECIDENCE WITHOUT AND WITHOUT THE PROPERTY OF THE PARTY OF THE									
d se d	odn	is state Marlboro 13 COUNT Pr. George Marlboro YES NO									
9 y y y y y y y y y y y y y y y y y y y											
and rem	14										
dir be		William & Richards Sr. Mary King									
e death certificate be attending physician permit. Then please an, ar removal, and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Upper									
a-place		Yes_no, or unknown) (1 yes give war or dotes of service) Mrs. Virginia E. Richards-Marlboro Md.									
pt p	-	APPROXIMATE INTERVAL									
ing ing		1 D. LAUSE OF DEATH LENIER ONLY ONE COUSE DET HITE TOT (D), ONO (C).)									
and nit.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDYO RESD MRITES SMINUTES									
atte		DUE TO, OR AS A CONSEQUENCE OF									
the sit p		Conditions, if only, which gove) IN TEA-CAPMER ANTURYSM (EUT) OULS) 7EARS.									
insign		rise to immediate couse (a),									
# 6 4 5	Н	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF LOSS AS A C									
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and campleting 3 should be detached for use as the burial-transit permit. Then please remaye carlied with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event.											
sign Physical Physica		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
ng en ta	22	1330 X									
PHYSICIAN: The law rate haspital ar attending this certificate has been letached for use as the Bopt. of Health priar ta	NO IV	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING									
pro pro /	윤	YES NO CAUSES OF DEATH?									
E 2 4 8 4 7	CERTIFICAT	210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)									
de de de											
	MEDICAL	Iff either, notify medical examiner) P.M. 19									
YS cer cer	×										
Par la pa	1	While Not while of work of work									
으로 한 등 음		120 Learlife that (1) (the hospital) ottended the decorded from 6-21 1965 to 5-20 1965 that (1) (wa) inst									
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		220. I certify that (i) (this hospital) attended the deceased from 5-21, 1968, to 5-28, 1968, that (i) (we) last sow the deceased onve on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the									
the day		causes stoted apove, (1) (we) (did) (did nat) view the pody after death.									
# # # # # # # # # # # # # # # # # # #											
S = S ≥ S		ATTENDING OF MED STAFF OF									
RAL DIS RAL DIS r, page be filed		22d. PHYSICIANS NAME (Type) BUCKED RIBERTO RIBERTON RIBERTON DE LA PRINTED 22e ADDRESS CLINTON, MD									
TO HOSPITAL OR ATTENDING Page 4 may be retained by it TO FUNERAL DIRECTOR. After director, page 3 should be a should be filed with the State		TO TO TO TO THE THE TOTAL TO THE TOTAL THE TOT									
Set Rec	230	8 JR AL (REMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)									
O D D D D D D D D D D D D D D D D D D D	y F	British 6/1/68 Ft. Lincoln Cem / Bladensburg, Md.									
	24	ADDRESS 1/ 1/ AZSO. REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE									
VR A15 (4) 30M REV 1/68	1//										
JUIN RET 1/00	1/	(ATPADE C) . DAYS - 1/ RINGE MARKETY DATE JUN 17 1968 yoursey your									



14	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	~ KN
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME 4 First Middle cast 20. DATE KNOWN Marth 5 (Type or Print) T22	Day Year 25 HOUR
te gala	Figure A Rickles DEATH MATED 15-18	-68 19 3 50 ppf
9 P	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years F Under 1 YEAR IF JINDER 24 HRS. 2c, DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN MONTHS DAYS HOURS MIN MONTHS DAYS	2d HOUR
2, and 3 PM3, Post	Female White 2-13-1834 84 ms 5 5 5 18	68 19 3 : 50 pm M
22.4	70. BIRTHPLACE (State or foreign 76 C TIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
ages 1.	country) Washington D C U S A WIDOWED D DIVORCED Prince George's	Md
# 8 F S	10. CITY OR TOWN OF DEATH 11. NAME OF HOSP TAL OR INSTITUTION (If not in hospital 1.2g. USUAL OCCUPATION (Kind of work done 1.1)	25 KIND OF BUSINESS OR
The winder	Cheverly give street oddress] Prince George Hospital during most of working life, even if retired)	OUSTR'Government
haurs after de Item 18. Give F Office along w 1and 2 with the after death.	13a USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c. CITY OR TOWN \ \13d INSIDE CTY LIMITS? \ \13d STREET AND NUMBER	
s after 18. Gi 18. Gi along 2 with death.	office George Bladensburg YES NO 5012 57th. Aver	nue
Item Office	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	John Mattill Rose Ball	
thin 24 ancil in miner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA, SECURITY NO. 17 INFORMANT ADDRESS	
ithii enc amir po	(Yes, no., or unknown) (1) (1) yes give wor or dates of service) Frances Ashby Bladensburg, M	đ.
shauld be executed with a ward "pending" in perticular the Chief Medical Examinate In any event within 72		APPROX MATE INTERVAL
urte gar ithr	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Broncho pneumomia	BETWEEN ONSET AND DEATH
xec Idin Med Med	MMEDIATE CAUSE (a) DI OTIO DI	
e e e e e e e e e e e e e e e e e e e	Conditions, if any, which gave	
tr Chia	rise to immediate couse (a), (b)	
wai wai the rial-	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
he he to to but d in	(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<u> </u>
DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with Jera to the far your files. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Deat to burial, trematian, or remayal, and in any event within 72 hours after death.		
riffi age of col.	Interthrophanteric fracture of right femur	20 AUTOPSY?
orw use	WAS PERFORMED?	
This ficate be to de be or re	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 5-6-68 19c. CONDITION FOR WHICH OPERATION WAS PERFORMED? Fracture of right femur 21c EXTERNAL CAUSE WAS 21b Time OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	YES X NO
語の場合	PRIMARY OR CONTRIBUTING ST HOUR A.M. PH PM 5-2- 19 68 Fell at home	n 18.)
INER e cer shaul files. 3 sho atian	PRIMARY OR CONTRIBUTING THOUR A.M. PILE P.M. 5-2- 19 68 Fell at home CAUSE OF DEATH	
MIII the the 4 s 4 s lor file 3 le 3 le 3 le 3	factory affice building etc.	County State
necessary, please execute the certification of the funeral director. Page 4 should 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should health prior to burial, cremation,	AT WORK ELIAT WORK XXI HOME Same as 7713	
Xec xec for far for right	220 certify that I took charge of the remains described above, held an Autopsy 🖾, Inspection 🖾, Inquiry 🖾,	4 6
DIC se e ctor red ECT	death resulted from: Notural causes 🔲 , Accident 🔀 , Suicide 🔲 , Hamicide 🔲 , Undetermined monner 🗍	
dire to to to	CHIEF MEDICAL EXAMINER	
AL AL	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAM.NER 226 DATE SI	GNED
EPUTY DICA ssary, please e. funeral director ay be retained and ineral Director	EARMINER 3	0-68
o DEPUTY the funera 5 may be 0 FUNERA	NAME (Type) John Kehoe ID Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 5 4 2 5 x	230 BUR AL CREMATION /23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (City or Town)	(State)
		o Geo Md.
00	24. FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 25b REGISTRAR 5 SIG	GNATURE
VR A15ME (50)	F. Gasch's Sons Hyattsville, Md. DATE MAY 2 9 1968 floor	Las June
	WOLUM ST. W	



./	. 1			Butter	NI OF ME			DEPAKIME			VI AND OI	003		
A	1 1		DHEAL	DIAIZIO	N OF VIII			RESTON STRE ATE OF D		IMUKE, MAR	TLAND 21	201		1) .)
	<u> </u>	1 DE	CEASED-NAME FI	rst		Middle	·LIXIIIII	Last	LATII	2a DATE OF	DEATH			2b HOUR
eath	eath eath		france or nemth	NNA		C.		RIDER		2d DAIL OF	Month	2004	1968	10:30M
	- L	3 SE		4 RACI				S. DATE OF BIRT	H		6 AGE (in ye			F JNDER 24 HRS
# (4			FEMALE	1	CAU			29 MARC		387	iast birthdo	y) YRS.	MONTHS DAVS	HOURS MIN.
Sin 3	25	7o B	IDTUDI ACE IState or formon	7b. CITIZE	N OF WHAT (B. MADDIEN	NEVER MARRII		9. COUNTY OF		163.		
24 hg	製品	coun	PENNA.		U.S.		WIDOWED				VCE GEO	DRGE		Md.
hin 2	8.3	30. CI	TY OR TOWN OF DEATH		11 NAME O	F HOSPITAL OR INS	,			AL OCCUPATION get af wprking			126 KIND OF B INDUSTRY U.S. G	
wit wit	carban ent, wit		IYATTSVILLE USUAL RESIDENCE (Where dec	anced bund i	Incitivation D	acidones before	13c. CITY OR	NG HOME	I INSIDE CITY LI	MTC2 12- CTI	REET AND NUM	DCD.	10.5. 0	TTVO
ecuted within 24 campletely filled	even		sion) STATE MARYL.	ND 13b. (PRIN	CE GEO.				461	5 Beac	hwoo	d Road	
e exe	remave 1 any ev	14, F	ATHER'S NAME First		A ddle	, Lost	11	S. MOTHER'S MAID	EN NAME F	irst	M	iddle		Last
be n	u ii		HENRY		J.	RIDER			E	LIZABET	H		RIED	Y
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, the haspital or attending physician. The certificate has been signed by the attending physician and campletely filled in by the attending physician and campletely filled in by	burial-transit permit. Then please remave carban burial, crematian, ar remaval, and in any event, wit		WAS DECEASED EVER IN U.S. is, na, or unknown) (If yes g	ARMED FORCES	57 ervice) 57	SOCIAL SECURITY 8-46-862	9 17	INFORMANT ALFONS A	. RID	ER BRO		dress E AS	ABOVE	
cert ig pl	Therman		IB CAUSE OF DEATH (Enter	only one cau	se per line for	(a), (b), and (c).)				0		APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
that the death certion.	r e ii.	- 1	PART 1 DEATH WAS CAU	JSED BY EDIATE CAUSE I	(a) C2	cu	le-	erry	100	nde	and			
e de	DD, C	-1	+109		` '	ONSEQUENCE OF		17	7					
# # #:	ii a		Conditions, if any, which go		(b)		مر ک	16an	Le M	-CAD-				
that by 1	rem	- [nse to immediate cause (c stoting the underlying cau		1-1	CONSEQUENCE DE				A.	2	0	_	
quires the physician. signed by	burial, cremai	I	last.	-}	(1)	eri (0 6	man	can	4 6	ryw	6-70-4	4	
equires 1 physicia signed 1	buri buri		PART 2. OTHER SIGNIFICANT	CONDITIONS	DINTRIBUTING	TO DEATH BUT N	OT RELATED T	O THE TERMINAL D	ISEASE OR C	SWOITION GIVE	I IN PART 1(a)			
ing re	to to	8	4) ; gene	27 O-10	czys	da	2 KS	240	2-1-5	3-2-0	1			
N: The law re or attending ite has been	as t	CERTIFICATION	19a. DATE OF OPERATION 1	9b. CONDITION	FOR WHICH O	PERATION WAS PE	RFORMED	20a. AUTOPS		Caucre	YES, WERE FIN OF DEATH?	IDINGS CO	INSIDERED IN CER	TIFYING
¥ ± ₹	8₹ X	RIFI						YES 🔲	NO [!				
Cate	ar d		2) a ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	YING 21b.	TIME OF INJU JR A.M. Mo	IRY inth Day Year	21c. H	OW INJURY OCCUR	RRED (Ente	r nature af injur	y in Port 1 or	Part 2, It	tem 18.)	
SICE STATES	pa	MEDICAL	(If either, notify medical exc	ominer)	P.M.	19)			-				<u> </u>
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been	page 3 shauld be detached far use as the be filed with the State Dept. af Health priar ta		21d INJURY OCCURRED While Not while at wark	le. PLACE OF	INJURY (AT HO	DME, FARM, STREET, FAC E BUIEDING. ETC	TORY,) 21f L	OCATION Street	or R F.D. No.	. City	or Town		County	State
ING ter	tate	- 1	22a. I certify that (I) saw the deceased	(this haspit	al)_ottende	d the decease	ed from	your	S2, 19_1	@_/, to	11-47	_, 19_	(2 S, that	l) (we) lost
ed la	e S e	- 1	saw the deceased causes stoted abo	alive an_	CERT	nathing the	963 an	d that in (my)	(our) api	nion death o	ccurred on	the dat	te ond hour a	nd fram the
15 to	를 다		22b. SIGNATURE	1ve, (1) (we	7 (014) (010	Timbalem Ille	body diter	ueum.				72c F	PATE SIGNED	
OR ATTENDING be retained by the	d. 3.3		20. SIGNATURE	21/4	(43	ulez	2- DEGI	REE PHYS.	X A	AED.	STAFF PHYS.] 5-	- 2 - 6	35
	file		22d. PHYSICIAN'S		^ ~			22e. ADDRE		TREETON -	11113.			
TO HOSPITAL Page 4 may	1 p. /		NAME (Type)	10	5 C	AME	FRO	V						
N 4 4 N	directar, should t	23o.		Bb. DATE		23c NAME OF	CEMETERY OR	CREMATORY			N (City or Tav	(חץ	(County)	(Stote)
0 6	후속			5/6/68		Mt. O	livet			Washi	ngton		I	o.c.
\	VR A15 [4]	24.	FUNERAL DIRECTOR			ADDRESS			So. REC'D B	Y REGISTRAR	1968 REG	ISTRARS	SIGNATURE Q	edgla
30/	M REV. 1/68		F. Gasch's	Sons	Hyat	ttsville	, Mary	land	DATE 1	AY 6	1200	1	0	0



		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
5		CERTIFICATE OF DEATH
. 3	1.0	ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HQUR
eath eath		Type or print) ' A Month Why Years I - 3
funerol thought	_	Lide Kingcusy May 7 1968 127 m
ē 2 C.	3. 5	S. DATE OF BIRTH S. DATE OF BIRTH 6. AGE (In years If UNDER 24 HRS. I ost 6 rthdoy) MONTHS DAYS HOURS M.M.
t 200	U	Temale Caucasian 3/20/1894 lost 6 rithdoy) MONTHS DAYS HOURS MIN.
and and a	7o.	BIRTHPLACE (State or foreign 17b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED TO 9. COUNTY OF DEATH
how the bound		Avage Md . 45 WIDOWED DIVORCED Prence Georges Md.
n 24 illeá papa nin 7		THE OF TH
completely filled in ove carbon paperaty y event, within 72 h	1	que street oddress) 1 1 1 during most of working life, even if retired 1 INDUSTRY
within tely from rbon		
ed v pleto carl ent,		US_AL RESIDENCE (Where deceased lived, if institut an Residence before 13c, CITY OR TOWN 13a INSIGN CITY LIMITS? 13a STREET AND NUMBER 18b COUNTY 18b COUNTY 15c NO 2
om scrit		That Havan Hange = 370 Washerether &1
ond compremove nony eve	14	FATIVER'S NAME First Middle Lost 15. MOTHER SMAIDEN NAME First Middle Lost
be or in		Nathan Cloner Wattree Jan John Signer
rte cion eas and		. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO.] 17 INFORMANT Address
al place	1	(es, no, or unknown) (It yes give war or dates of service) 217-42-1951 Have Level Files August 1961
certificate be g physicion o Then please moval, and ir	F	APPROXIMATE INTERVAL
and the contract of the contra		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY
ne deoth ce affending permit. Th ion, or reme		IMMEDIATE CAUSE (o) // VOCA CO.A. I A CO.A. I
off off on,		DUE TO, OR AS A CONSEQUENCE OF
th the sit p		Conditions, if any, which gove is to immediate couse (a), (b) Attention Sciences (Boundary Conditions)
in. by on ren	Ш	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
es sicio ed led ol-th		lost. (c) NUCKLOSCICNOTIC MERKE ALSONSE - Kippenthy
equires that the deoth certificate be executed within 2 physician. signed by the attending physicion ond completely filleburial-tronsit permit. Then please remove carbon parburial, cremation, or removal, and in ony event, within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death etained by the hospital or ottending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Proceed in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours attached the state Dept.		43.1
day diri	9	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law rootending obtending has been se as the the prior to	SE	YES NO CAUSES OF DEATH?
or o or	CERTIFICATION	210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
AN Gold Control of Con		OR CONTR BUTHING CAUSE OF GEATH HOUR A.M. Month Day Year
Significant of the second of t	MEDICAL	(If either, notify medical examiner) P.M. 19
hos sept.	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while
PHYSICIAI The hospital this certifical detached for e Dept. of He	1	at work of work
IN Se F		22a. I certify that (I) (this hospital) ottended the deceased from 1965, to 1965, to 1965, that (I) (we) last
N A B B B B B B B B B B B B B B B B B B		saw the deceased alive an
E ie So Bit		causes stated obove_(l) (we) (did) (did net) view the body after death.
OR ATTENDING be retained by JIRECTOR: After a 3 should be ed with the Stat		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
be de		DEGREE PHYS. A DIRECTOR LI PHYS. LI 3/1/68
AL Poor		22d. PHYSICIAN'S NAME (Type) 1 CAS LAW TS KU 22e. ADDRESS VACABLE (1) SG HOUSE
SPI 4 TER		Al-oil Decity
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d (STATION (City or Town) (County) (State)
55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	REMOVAL (Specify) & 5-10-68 Sayane Cametery Sayane Med.
VR ATS ADV	24	AUNERAL DESCRIPTION ADDRESS 250. REC'D'BY REGISTRAR 250 REGISTRAR'S SIGNATURE
30M REV. 1268	16	MITHER MAY 15 1968 F
Q		The state of the s



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9, film Gb01 6/7/68 en CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution, Residence before admission) a COUNTY Prince George's **b.** COUNTY George MARYLAND The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside carparate limits, write RURAL and give reporest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corparate limits, write RURAL and give nearest town) Temple Hills Suitland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM Suitland Nursing Home 4826 Durand St. YES NO DO NAME OF Middle 4. DATE Year ...68 DECEASED (Type or pont) E. Rushia Elsie May DEATH 9 AGE (In years IF UNDER 1 YEAR IF LINDER 74 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH female W May 12, 1881 WIDOWED TO DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1Da USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
HOUSEWIFE INDUSTRY **COUNTRY?** Iowa USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mmayal. D.C. Welch Louisa Hunefeld 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Temple Hi (Yes, na, ar Jnknown) (If yes give wor or dates at service) 10 Carmen Hiser 4826 Durand St 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Cerebral vascular accident IMMEDIATE CAUSE (a). Conditions, if any, which gave (b) Advanced generalized arterioscleroses rise to immediate couse (o), DUE TO ificate has been s far use as the b stating the underlying cause WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [detached for the Dept. of the OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (Caunty) 2Dr. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) at wark 21 I certify that (1) (this haspital) attended the deceased fram. 1967 to 5 30 . 1968, that (I) (we) last 1968, and that death occurred at2:45 BM, from causes and an the date stated above saw the deceased alive an_ TO FUNERAL DIRECTOR: 22a SIGNATURE 22b. DATE SIGNED STAFF 30 68 DIRECTOR PHYS 10 HOSPITAL Page 4 may t 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Penna. Ave. S.E. Wash., D.C. Joseph Weber director, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) BURIAL CREMATION. Burial (Specify) 6-4-68 Pine Crest Memo. Pk. Little Rock, Arkansas 25g. REC D BY REGISTRAR 2Sb REGISTRAR'S SIG 24. FUNERAL DIRECTOR. **ADDRESS**

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED NAME First Middle 20 DATE KNOWN Month 26 HOUR (Type or Print) EST OF deloy is and 3 ta M3. Page of Glymn Sandifer DEATH MATED X 19 9 - 100 mm 4 RACE 6 AGE (m years IE LINGER I YEAR IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD and PM3. iast birthday) 68 19 11 00 pm 12-4-1907 Male White 60 YRS. 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Give Pages 1, country) Louisiana U.S.A. WIDOWED [DIVORCED TX Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a, USUAL OCCUPATION (Kind of work done ofter death Office along with 126 KIND OF BUSINESS OR during most of working life, even if retired. | INDUSTRY Engre-Wash, Hospe Center give street address 116 Mt. Rainier Street. with 30 USJA. RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR YOWN 13d. INSIDE CITY JAM 157 13e STREET AND NUMBER odmission) STATE in Item 18. 4202 28th. Street YES 🔂 NO 🗌 . Rainier George lond 2 ofter 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Julia Unknown Buie Poge 4 should be forwarded to the Chief Medical Examiner's pages hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? penci 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 4623 Eastern within (Yes._no, ar unknown) (If yes grye, war or dates of service) Mr. Bill McMahon -Ave., Mt. Rainier, Md. 90-14-4906 7es E (Priend) APPROX MAJE INTERVA within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) permit BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown buriol-tronsit Canditions, if any, which gave nse ta immediate cause (a). This certificate should writing the word ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 0 cremation, or removal, CERTIFICATION 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES IX NO 🖂 pe 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK burial. 220. I certify that I took charge of the remains described above, held on Autopsy 🔀 Inquiry X Inspection 7 and in my opinion director deoth resulted from: Notural couses (IX Suicide . Accideh! Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE 5-21-68 DEPUTY MEDICAL EXAMINER (C) 5 moy 170 FUNE **EXAMINER'S** NAME (Type) ADDRESS(Street, city town, or county) Riverdale, Ed. Kehoe MD 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMAT QN. 23b DATE 23d 10CATION (City or Tawn) (County) REMOVAL (Specify) 5/25/68 Evergreen Baptist Ceml. Tver reen. ADDRESS It Rainie 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ev's Funeral Tome Maryland VR A15ME (5)

10M REV 1/68

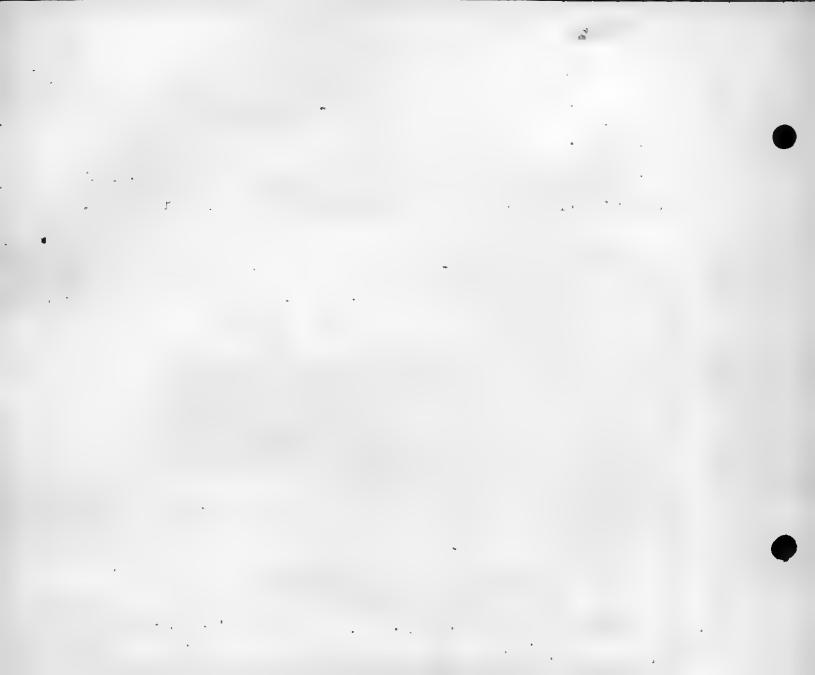
MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	A STATE OF S
HEALTH DEPT.		DECEASED NAME First Middle Lost 20. DATE KNOWN Month D	loy Yeor 25. HGUR
E 9 6 17		Type or Print) We sley Luther Schofield DEATH MATED 5	3 1968 at
ath any delay ages 1, 2, and 3 th farm PM3. Ph	3 9	A RACE S. DATE OF BIRTH 6. AGE (n. years let Note 1 Year F. NOTER 1 YEAR F. NOTER 24 HRS 2c DATE PRONOUNCED DEAD lost birthday). MONTHS DAYS HOURS MIN MONTH Doy 3	Year 196 Q TO THE
n P		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED ZINEVER MARRIED 9 COUNTY OF DEATH	
forr forr		Maryland U. S. A. WIDOWED DIVORCED Prince George	re M
fer death Give Pages ang with far th the State		Mt. Rainier give straet address Wells Ave.	bustry ADM.
alo alo deal	130	USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d MSIDE CITY IN 157 13e STREET AND NUMBER INCOMPANY 13b COUNTY 13b COUNTY 13b COUNTY 13c	ve.,
hours Item 18 Office Tand 2 v	14. 1	FATHER'S NAME First Middle Lost P 15. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncul in niner s pages 1 hours	360	WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS O	
I within pencil Examinet File page		WAS DECEASED EVER IN U.S. ARMED FORCES? 165. D.C. D.LUNKDOWN) SPAN-AMER 218243110 JOSEPHINE V. SCHOFIELD. SAM	
executed in Medical E. Medical E. I permit. F		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY Heart failure	APPROX MATE INTERVA, BETWEEN ONSET AND DEATH
e executed pending" i ef Medical isit permit.		44 4 0 1 DUE TO, OR AS A CONSEQUENCE OF	Minute
be e "per hief /		Conditions, if ony, which gove to immediate course (a) (b) Generalized arteriosclerosis	Yrs.
should be e ne ward "per na the Chief ! burial-transit i in any ever		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
s certificate should by, writing the ward farwarded ta the Cl used as a burial-tru smaval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certification writing arwarded as a mayal, an	CERTIFICATION	196. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This cicate, be fa d be u	RTEI	WAS PERFORMED?	YES NO K
INER: This e certificate, shauld be fa files. 3 should be u ation, ar ren	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item	18.)
	WE	21d INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
ICAL EX		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X	ond in my apiniar
bical EXAM lease execute th director Page 4 stained far your birector: Page		death resulted fram: Natural gases, X. Accident, Suicide, Hamicide, Undetermined manner	_ ′ ′
		ACTUAL CHIEF MEDICAL EXAMINER CONTRACTOR	
eputy ssary. I funeral ay be r JNERAL		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIG	3-68
o DEPUTY necessary, I the funeral 5 may be r 0 FUNERAL Health price		NAME (Type) John Kehoe, M.D., Riverdale ADDRESS(Street, city, town, or county)	<u> </u>
TO Di nece the 5 mi TO FU	230	BURIA, CREMATION / 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	ounty) (Stote)
BB	3	REMATION MAY 4, 1968 FORT LINCOLN COLMAR MANOR ADDRESS W 250 RECD BY REGISTRAR 250 REGISTRAR 250	MARYLAUD
VR A15ME (5)	6	V. W. CHAMBERS. Co. RIVERDALE, MARYLAND 250 RECUBY REGISTRAR 250 REGISTRAR 250 RECUBY REGISTRAR 250 REGISTRAR 3 S.C.	les Judge

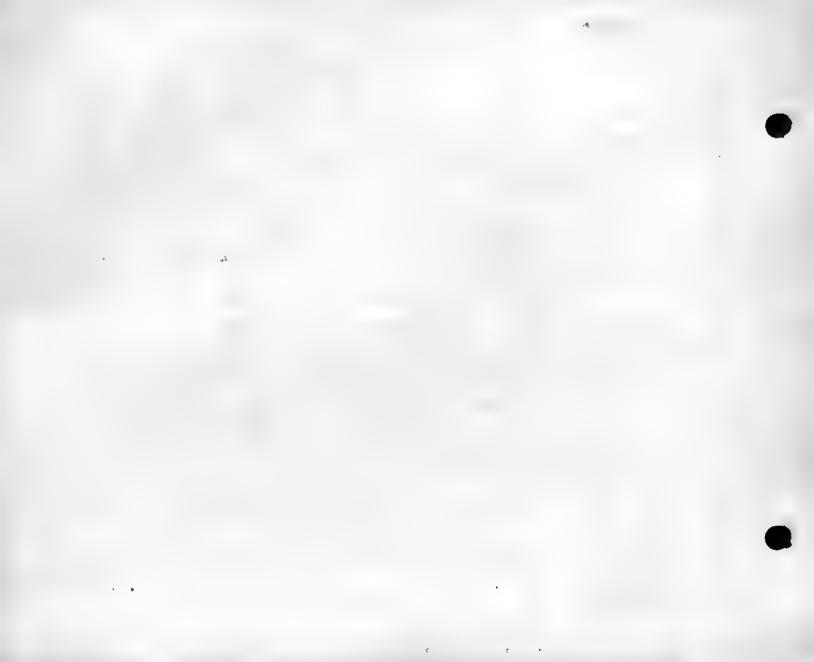
 $_{\tilde{i}}^{l\alpha}$ N.

	MAKTLAND STATE DEPARTMENT OF HEALTH								
The state of	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
(M)		800 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CERTIFICATE OF DEATH					1
<u> </u>			rst	Middle	Lost	2a. DA	TE OF DEATH		2b HOUR
death death	(1	ype or print) Mar	* V		Schwinghamme	2379	Month D	Year You	17 30 M
	3 5		4. RACE		S. DATE OF BIRTH		6. AGE (In years	F UNDER 1 YEAR	F UNDER 24 HRS
aurs after death by the funeral Pages James		Female		Thite			last hirthday)	MONTHS QAYS	HOURS MAN
y the Page	70	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT			29, 1881	87 YR	2	
hat hat hat ha		itry)	(P	ARRIED NEVER MARRIE	D [KL]	TY OF DEATH		
24 and in period	-	Minnesota	United St	1000	DOWED DIVORCE		Princ		
	10 (ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INSTITUT et oddress)	10N (It not in hospital	during mast of wa	ATION (Kind of work dans	12b KIND OF INDUSTRY	BUSINESS OR
bor with	L.,	Hyattsville		Sacred	Heart Home	Cl	rking life, even if retired erical-Retir	ced U.S.	Gov.
ed ent	130	USUAL RES DENCE (Where deci	eosed lived, if institution	Residence befare 13c	CITY OR TOWN 13d	INSIDE CITY LIMITS? }	3e STREET AND NUMBER		
cut eve	Ďi:	ission). STATE Strict of Colu	ımbia Unite	i States W	ashington	ES 🔀 NO 🗌	15 E Street	N.W.	
The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. Then please remave carbon papers. Pages Land. The priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death the priar to burial.	14	ATHER'S NAME First	Middle	Last	IS MOTHER'S MAIDE	EN NAME First	Middle		Lost
be an		John	Sch	winghammer		Anna	9	P	fax
tiar ciar and	lδα	WAS DECEASED EVER IN U.S. A	IRMED FORCES? 16	b. SOCIAL SECURITY NO.	17 INFORMANT		Address		101
e death certificate b attending physician o permit Then please on, ar remaval, and t		es, no, or unknown) (If yes ground own)	ve war or dates of service)	79-60-0676	Sacred He	eart Home	, Hyattsvil	le, Marv	land
rent per per per per per per per per per per			anly one cours per line of	ns (a) (b) and (c))			2 11,1	APPROXIII	AATE INTERVAL
re Ten		18. CAUSE OF DEATH (Enter PART 1 DEATH WAS CAU	ISED BY:		CINOMA O	E Path	Ansin-	BETWEEN O	NSET AND DEATH
attend permit ion, ar r		1850 IMME	DIATE CAUSE (a)	ENUCIANO	JNUITH C	4-0-14	, o muco		munue
he all		Conditions, if any, which gov		CONSEQUENCE OF					
at the the matic		ase to immediate cause (a	(b)						
tra by		stoting the underlying cous		CONSEQUENCE OF				and the second	
/sicilal-ial-ial-		last.	(c)						
equires that the death certific physician. signed by the attending phys burial-transit permit Then p burial, cremation, ar remaval,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
ing ing the to	Z.	1							
The law ratending has been se as the h priar to	Ĭ	19a. DATE OF OPERATION IS	b. CONDITION FOR WHICH	OPERATION WAS PERFORE	WED 20a. AUTOPSY		Ob IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
AN: The law requires that are attending physician. It is a seen signed by for use as the burial-trail Health priar to burial, cre	CERTIFICATION				YES 🔲	NO 🗌	AUSES OF DEATH?		
are ate		21a. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCUR	RED (Enter noture o	of injury in Port 1 or Port 2	2, Item 18.)	
pital af figured	MEDICAL	OR CONTRIBUTING CAUSE OF D	PEATH HOUR A.M. / miner) P.M.	Manth Doy Year					
YSI losp cer chec	Æ	and Juniory occupants to			21f. LOCATION Street of	r R.F.D. No.	City or Tawn	County	State
ATTENDING PHYSICIAN: retained by the hospital ar ECTOR. After this certificate 3 should be detached far us with the State Dept. af Health		While Not while of wark	(OH	FCE BUILDING ETC.					
		22a. I certify that (I) (this hospital) attend	ed the deceased fr	ara Dec /	1960,10	may 9	96F, that	(I) (we) last
d b d b d b d b d b d b d b d b d b d b		snw the deceased	olive on . //24	M 6 1960	and that in (my)	(our) opinian de	ath accorred on the	date and hour	and from the
ATTEND etained CTOR: A shauld		couses stated abo	ve, (I) (we) (did) (di	d nat) view the bady	after death.	` ' '			
- III - 2	1	22b. SIGNATURE	40	10 (ATTENDING	MED.	STAFF C	DATE SIGNED	0
OR be red w	1	Show	so T Cal	Lim MU	DEGREE PHYS	DIRECTOR	PHYS.	5-9-6	8
Poge e fille		22d. PHYSICIAN'S NAME (Type)	MANDE E	C	22e ADDRES	S			
THE LIPS IN COLLINS MU									
O HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State	230	BURIAL, CREMATION, 23	b. DATE	23c NAME OF CEME	TERY OR CREMATORY	23d. 10	DCATION (City or Town)	(Caunty)	(Stote)
5 5 5 5 X		REMOVA (Specify) Burial	May 11, 1	968 Gate	of Heaven	LS	lver Spring	Montgom	Dans M.J
VR A15 (4)	24.	FUNERAL DIRECTOR		ADDRESS	of Heaven 25	a REC D BY REGISTI	KAR ZSO, KEGISTKAL	2 SIGNATURE A	- y 110 .
30M REV. 1.468	17	RANCIS J. C	OLLINS.	3821 14THS7	- N'W WASHIND	ATE THE T	3 1968 8	liarles	noge
					****	1734.4.7			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Inst 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month JOHN 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years last birthday) MONTHS I DAYS male CALLCASIAN Jay YRS. 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED KT 9. COUNTY OF DEATH the attending physician and completely filled in by sit permit. Then please remove carbon pagers 574tes Unrhed WIDOWED [DIVORCED PHINCP GEOFFE'S IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to) 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon p should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within give street oddress) during most of working life, even if retired.) INDUSTRY MILI MAKOJM GrOW USAF HOSA 110 Shins ton 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY UNITS? 13e STREET AND NUMBER odmission) STATE MARY/AND 13b. COUNTY Princo George NO F Oxon H. 14 FATHER S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First SOPHIA SIROKA 17. INFORMANT Brother 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) Unknown METHO SENCHAK, 20%3 Borland hoad, FGH 43, Pa 18. CAUSE OF DEATH (Enter only one cause per rane for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if ony, which gove) rise to immediate couse (o). Page 4 may be retained by the hospital or attending physicion. stating the underlying couse PART 2 OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while 22a. 1 certify that (I) (this hospital) attended the deceased from 21 May, 1968, to 21 May, 1968, that (II) (we) last saw the deceased alive an 21 May 1968, and that in (my) (euc) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. ATTENDING DIRECTOR 22e ADDRESS MALCOLM GROW WILLIAM E. PALMA 20331 DSC 23g BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BUTTAT 5-24-68 Arlington National Cem Arlington, Virginia 2Sb REGISTRAR'S SIGNATURE ADDRESS 25c REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Thelm Funeral Home 4308 Suitland Rd. SE, Suitland, Maryland

MAKILAND SIAIE DEPAKIMENI UP NEALIN

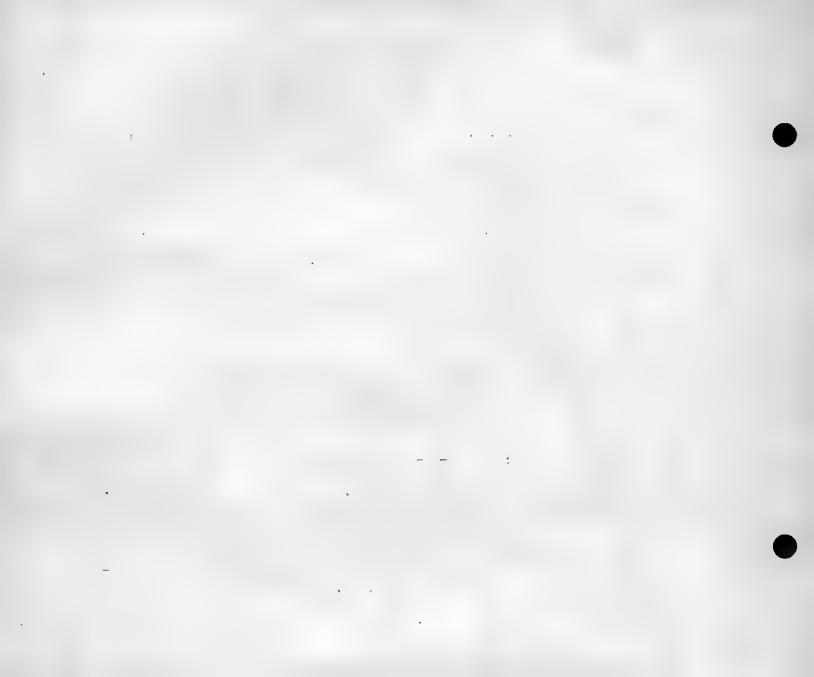


MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Inst DECEASED NAME First Middle 2a. DATE OF DEATH Month 5 (Type or print) Margaret F. Shearer after SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS] DAYS White April 5, 1872 Female signed by the attending physicion ond completely filled in by the burial-transit permit. Then please remove carbon papers. Pagbural, cremotion, or removol, and in any event, within 72 hours The law requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Prince George U. S. A. Scotland WIDOWED PS DIVORCED [NAME OF HOSPITAL OF INSTITUTION (It not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, even if retired)
Housewife **INDUSTRY** Lanham Own Home Nursing Home 13a. USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13E CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY P. G. admission) STATE Riverdale 6615 61st Place YES 🔀 NO [Md. 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle First Last Thomas Findley Jane H. Hamilton physicion c 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yesana, ar unknawn) 226 05 1313D Hubert E. Long Same as APPROXIMATE INTERVAL BETWEEN DINSET/AND DEAT 1B. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave: rise to immediate cause (a), Poge 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CORSEQUENCE OF stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 200 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year P.M. (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work causes stated abave, (I) (we) (did) (did not) view the body after deoth. 22b_SIGNATURE STAFF PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Wm A Wirsatt, M. D. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, EREMATION, 23b. DATE 23d LOCATION (City or Town) (County) (State) Burial Specify) New Port News Va. 5/14/68 Greenlawn 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRARIS SIGNATUR VR A15 (4) Francis Gasch's Sons Hyattsville, Md. 15 30M REV, 1/68

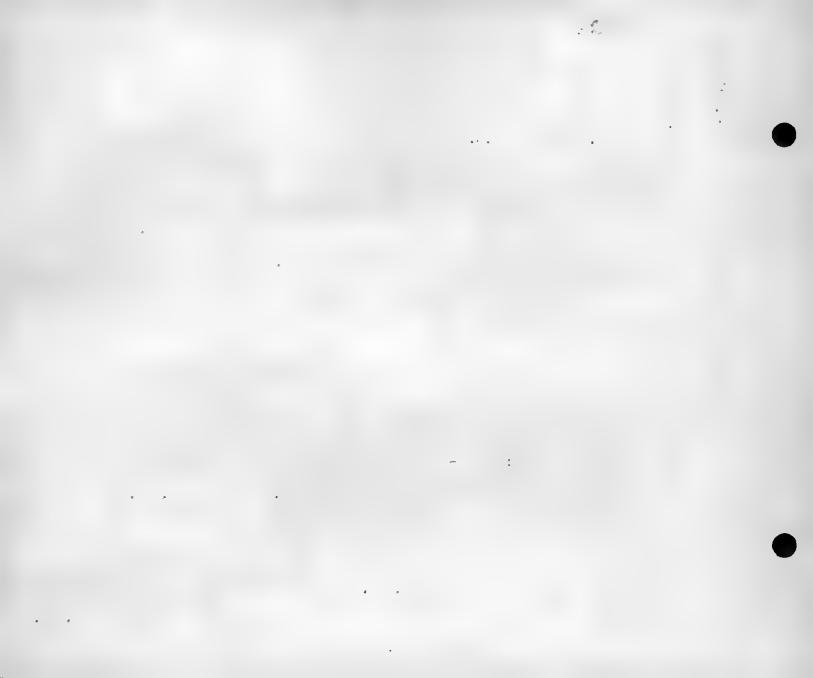
. 1 . . . •

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP DECEASED NAME 20 DATE KNOWN 2b HOUR (Type or Print) ESTI-0 Wilbur Cornelius Shirlev DEATH MATED IF JNOER 24 HRS 4. RACE AGE (In years 2c DATE PRONOUNCED DEAD 3 SEX 5 DATE OF BIRTH I and 2 with the State Depart 19 L : L.Oam M Male White 2-11-1946 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Md. with fastin U.S.A. WIDOWED | DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Sheet Metal Worker "Sheet Metal Prince George Hospital Cheverly Office along 13a USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13p. STREET AND NUMBER Prince George odmission) STATE in Item 18. YES NO-Clinton Box 347. Tippett Road ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Carl B. Shirley Clemmer Frances bages haurs Examiner's in pencil i 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 5304 Emerson Street be executed within (Yes, no, or unknown) Carl B. Shirley Hvattsville, Maryland Fife 72 within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Laceration of brain event DUE TO, OR AS A CONSEQUENCE OF Skull Fracture burial-transit Canditians, if any, which gave rise to immediate couse (a). This certificate shauld the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Ē PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, nseq 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 should be burial, cremation, or 21g EXTERNAL CAUSE WAS 215 TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part I or Porpantem objecturned. 3 should PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL DICAL EXAMINER: Driver of motorcycle which went out of control 3:40am 5-11-19 68 CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF IN-JRY (At home, form, street, City or Town County TO FUNERAL DIRECTOR: Poge 3
Health prior to burial, cremo foctory, office building, etc.) WHILE NOT WHILE Kenilworth Avenue, near Rt. 50, Prince George County, Md. please execute Inspection [X] Inquiry 1 and in my apintan Natural eauses Accident X / Suicide Homicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER K **EXAMINER'S** NAME (Type) Riverdale, Md. ADDRESS(Street, city, town, or county) Tehoe MD 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMAT O 23d LOCATION (City or Town) (County) (Stote) Burial (Specify 5/14/68 250 RECORY REGISTRAR, Ft. Lincoln Colmar Manor P.G. Md. 24 FUNERAL DIRECTOR **ADDRESS** VR ATSME IS Francis Gasch's Sons Hyattsville, Md. 10M REV 1/68

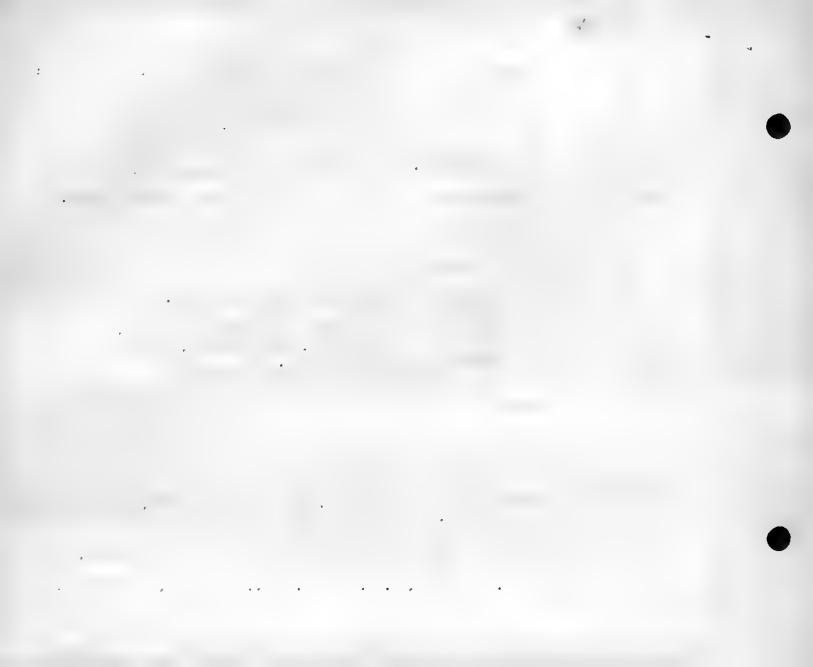
MARYLAND STATE DEPARTMENT OF HEALTH



ا سیس		MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7717
HEALTH DEPTAT	1 [PECEASED-MAME First Middle Last 20. DATE KNOWN TO Month D	ey Year 2b HOUI
i de de de si	(Type or Print) OF ESTI- Dean Skeen Death Mated 5-8-6	
ent ent	3. 5	EX 4. RACE S DATE OF BIRTH 6. AGE 1 YARGE 1 YEAR 1F JNORE 26 FRS. 2c DATE PRONOUNCED DEAD	2d #OUI
The Part of the Pa		Female White 12-6-1927 40 YRS MANTHS 0AYS HOURS MIN Month 0ay	6819 8:30am
Deport		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF What COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
te D	l .	W. Va. U.S. WIDOWED DIVORCED Prince George's	N
Pages Vith form	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita 12a USJA, OCCUPAT ON (Kind af work done 12 give street address) 12 during most of working life, even if retired.)	E KIND OF BUSINESS OR
ofter death 8 Give Pag olong with with the Sta		Cheverly give street address) during most of working life, even if retired.) N	Drug Stope
s often 18 Gir 19 Olong 2 with deoth.	130	USLA. RESIDENCE (Where deceosed lived, it institution. Residence before ISC CITY OR TOWN 36 MADE CITY LIMITS? 13e. STREET AND NUMBER	
hours of tem 18 Office of and 2 w		The Hand Frince George's Lyattsville YES NO 7631 Goodland	Drive
Item 18 Give Pagesy Office along with for land 2 with the State office death.	14	ATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Clifford T Sharp Theresa I.	Lester
hin 24 nctl in niner's pages hours	160		Lester
		for no or unknown)	ne as above
This certificate should be executed wit ficate, writing the word "pemling" in pmbe forwarded to the Chief Medical Exand be used as o burial-transit permit. File or removal, and in ony event within 72	-	100 100 100 100 100 100 100 100 100 100	APPROXIMATE INTERVA.
be executed "perming" in itel Medical Et insit permit. Fi		B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: Carpolant Associated Carpol	BETWEEN ONSET AND DEATH
oe executer perling" ief Medical isit permit.		IMMEDIATE CAUSE (a) Gunshot wound of head Out To, or as a consequence of	
be 6 per lief I		Conditions, if any, which gove	*
Para Para Para Para Para Para Para Para		rise to immediate cause (a). (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
the the in o		last (c)	
INER: This certificate should be executed to certificate, writing the word "pe⊪≣ing" is should be forwarded to the Chief Medical files. 3 should be used as o burial-transit permit. nation, or removal, and in ony event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ifica ting rdec as as	~	981X	
wri rwa rwa nove	CERTIFICATION	19a. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION	20. AUTOPSY?
This rate, be for a for rem	RTIFIC	WAS PERFORMED?	YES THE NO
ER: This certificate, ould be fores.	100	21a EXTERNAL CAUSE WAS PRIMARY INJURY Month, Day, Year POINTURY Month, Day, Year POINTURY OCCURRED (Enter nature of Injury in Port 1 or Part 2, Item HOUR A.M.	1B.)
XAMINER: te the certifue 4 should your files. age 3 should cremation,	MEDICAL	CAUSE OF DEATH 13:35 thm 5-7- 1968 Shot during altercation	
	2	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (Lity or Town,	Caunty State
bical Examiner: se execute the certi sctor. Page 4 should ned for your files. RECTOR: Page 3 shou a burial, cremation,		AT WORK LX AT WORK Peoples Drug Store, 8101 Barlowe Rd., Hvattsville, Md.	
ICAL EXPECT TOR. Poge ed for a burial,		22d. I certify that I took though at the remains described obave, field on Autopsy K. Inspection K. Inquity K.	ond in my opinio
Se estrol		death resulted from: Notural cayses 🔲 Accident 🔲, Suicide 🔲, Hamicide 🔄, Undetermined manner 🗌	J
directal directal		ACTUAL CHIEF MEDICAL EXAMINER	
ny, price real		SIGNATUREM.D ASSISTANT MEDICAL EXAMINER 226 DATE SIG	
DEPUTY Scessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page eaith prior to burial, crements		CABINITER 3 / /	9-68
necessory, p the funeral 5 may be rr TO FUNERAL Health prior	230		IS and a l
F F	250	REMOVALISPECIAL STREET STREET OF CEMETERS	ounty) (State)
	24	FINERAL DESCRIPTION ANDRESS DESCRIPTION DE DES DESCRIPTION DE SECURITARIO SE SECURITARIO DE SECU	- CL
VR A15ME (5)		F. Gasch's Sons Hyattsville, Maryland DATE MAY 15 1968	0



MAKTLAND STATE DEPAKTMENT OF REALTH



			D STATE DEPARTMENT OF		
	£ 53.5		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	7 7 13
	CEASED NAME First	Middle	Lost	2a. DATE OF DEATH Month Day	Yegro 2b Hour
2 70		nabell W.	Steiner	5	LO 68 10:00
3. SEX	(4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	Female	White	7-26-95	72 YRS.	
7a Bl	RTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH Prince Georg	TA
	Md.	USA	WIDOWED TO DIVORCED		fMd.
10. 01	TY OR TOWN OF DEATH Riverdale	II NAME OF HOSPITAL OR IN give street oddress) Eugene Lela	during a	IAL OCCUPATION (Kind of work done dost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
		sed lived, if institution. Residence before 113b. COUNTY	13c. CITY OR TOWN 136. INSIDE CTY	136 STREET AND NUMBER 204 5th. St.	1
14. F#	ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME		Last
	George	V. Ward		esse	Hopper
	WAS DECEASED EVER IN U.S. AR is, no, or unknown) (If yes give	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY		Address edical Records	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSE IMMEDI Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	DIABETES 1	CONDITION GIVEN IN PART 1(a)	BETWEEN ONSET AND DEATH UNKNOWN
CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY? YES NO TO	206 IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
₹	210. ACCIDENT WAS UNDERLY! or contributing [] cause of ora (If either, notify medical exam	TH HOUR A.M. Month Day Year		er nature of injury in Part 1 or Part 2,	Item 1B.)
Ш.	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY) 21f. LOCATION Street or R.F.D. N		County State
	22a. I certify that (I) (the saw the deceased causes stated above 22b SIGNATURE	nis haspital) attended the deceas nlive an	ed from 22 APR, 19 19 Cd., and that in (my) (aur) ap bady after death. DEGREE PHYS	MED. STAFF - 22c	that (I) (we) last ate and haur and from the DATE SIGNED
	22d. PHYSICIAN'S NAME (Type) C. J.	Houmann, M.D.		nsbury Rd., River	* * * * * * * * * * * * * * * * * * * *
230.	BURIAL, CREMAT ON, 23b	, l	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
i Pari	REMOVAL (Specify)	AN Lawy .	250. REC'P	BY REGISTRAR 255 REGISTRAR	S SIGNATURE PLANES

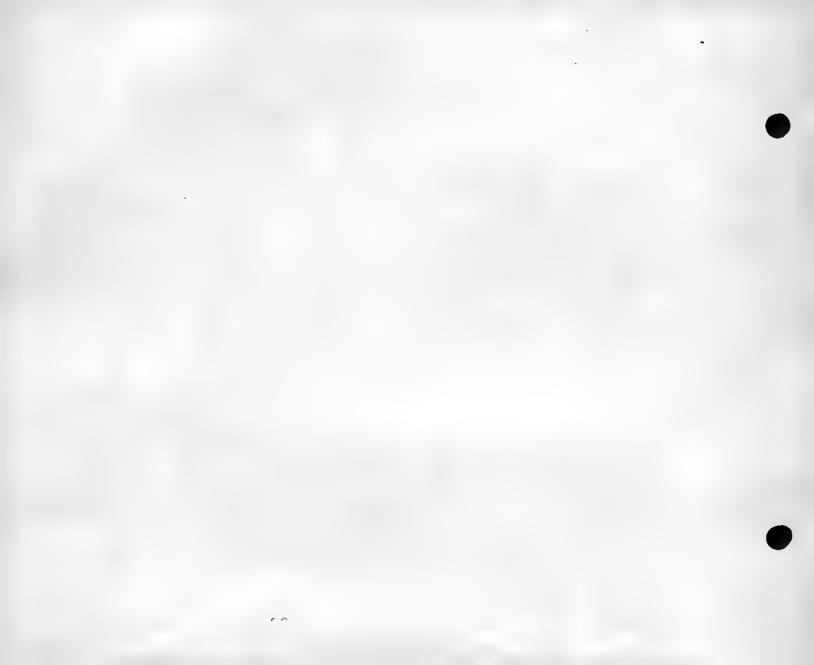
-16 . ٩

	07516		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	- : : : : :
Ĭ.	DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	(Type or print) Jame	es D	Stevens	May Month 2	1968° 6 P M
.3	SEX M	4. RACE White	5. DATE OF BIRTH 10 Decembe	o. AGE (In years last 8thday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
- 1	BIRTHPLACE (State or foreign unity) Penn.	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Pr.	George's
,j	CITY OR TOWN OF DEATH Hyattsville		7 Chillum Hets	AL OCCUPATION (Kind of work don ost of working life, even if retired	
134 od	o. USUAL RESIDENCE (Where decear mission) STATE Md.	sed lived if institution: Residence before 13b. COUNTY Pr. Geo.	Hyattsville YES X NO	□ 5607 Chillu	m Hgts. Drive
14	FATHER'S NAME . First				
16	o WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give	MED FORCES? Mar or dates of service] 166 SOCIAL SECURITY 194018		Stevens Bo	me as #13.
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), and (c)	.)		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDI.	ATE CAUSE (o)	Congestive Hear	t Failure	2 days
	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF			
	rise to immediate cause (a),	(b)			
Т	stoting the underlying couse lost.	(c)			
	PART 2. OTHER SIGNIFICANT CO		OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(o)	
Į,	4.1.		Pulmonary Emphyser	na	
CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	YES NO	CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
AS CE	210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT	IG 216, TIME OF INJURY H HOUR A.M Month Doy Year	21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port	2, Item 18.)
MFDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medicol examing the contribution of	ner) P.M.	9	C4 7	
	While Not while		(TORY.) 21f LOCATION Street or R.F.D. No.		County State
	saw the deceased a causes stated above	is haspital) attended the deceas live an 3 April e. (1) (we) (did) (did not) view the	ed from 25 May , 19 6 19 69 and that in (my) (aur) api bady after death. Dr • Ke	nian death occurred an the	19, that (I) (we) last date and haur and fram the
	22b. SIGNATURE	Hommon		22	2 May, 1968
	22d. PHYSICIAN'S NAME (Type) C	arl J. Houmann, M.	22e ADDPESS	Riverdale, Md.	
23	o. BURIAL, CREMAT ON, 23b. 3 REMOVAL/Specify)	DATE 8,1968 230 NAME OF MINIE	CEMETERY OR CREMATORY S CEMETERY	23d EOCATION (City or Town) RD. D. WILL JAMSBO	(County) (State)
24	W.W. CHAMBERS	SO RIVERDALEADERS	AND SON REC'D B		

MAKILAND STATE DEPAKTMENT OF HEALTH



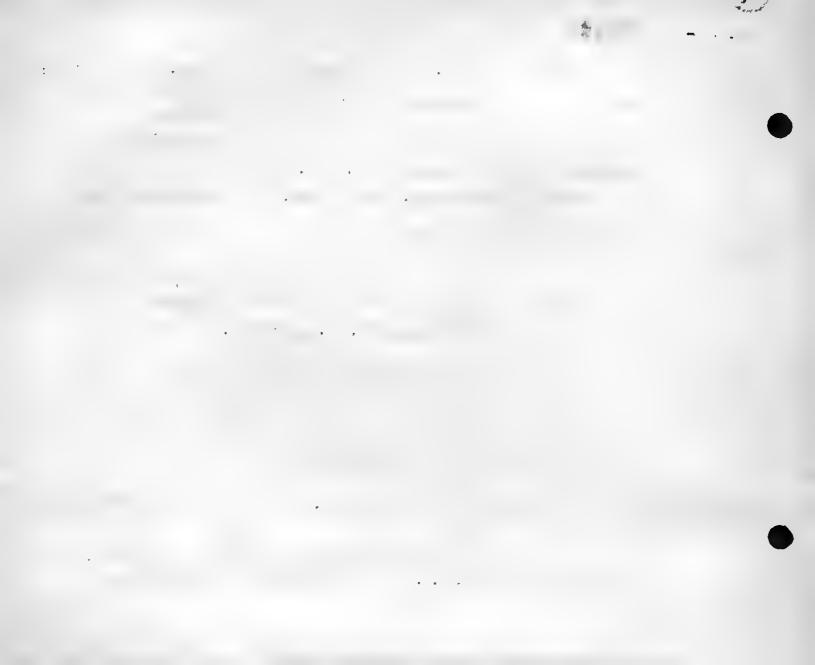
			RECORDS, 301 W. PRESTON STREET, BAI		
		DIVISION OF VITAL	CERTIFICATE OF DEATH		0
	1 0	CEASED-NAME First			% ',
专者意		CEASED-NAME First (1	2a. DATE OF DEATH Month Day	Yeor 2b HOUR
8 (학생)			194 S/0 W.	5 6	68. D-E M
the second	3. 5	X 4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday).	MONTHS DAYS HOURS MIN
rs aft	L	emale White	9-25-188	6 - 185.	
hours hours hours	COU	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTY)	MONKKIED MEACK MONKKIED	9. COUNTY OF DEATH	4. /
4 = 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4	exandria Va USA	WIDOWED DIVORCED	Pr. Georges	Md.
言葉を	10.	ITY OR TOWN OF DEATH 11. NAME OF HE	OSPITAL OR INSTITUTION (If not in hospital 12a US	UAL OCCUPATION (Kind of work done mast af warking ife, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
with barry with	1	dinton, Md. Pine	U, Q W Gardens MCC	HOUSEWIF E.	MDG3(K)
ple con		UŠUAL RESIDENCE (Where deceased ved, if institution: Residusion) STATE 13b. COUNTY 1/2	n o - 1 1 / vector	LIMITS? 138. STREET AND NUMBER	11101
com com	-	1100 . 15.0	CONTROL ON CHANGE	1141	dall hard
and completely fillell in by remave carban pages. Premave carban pages.	14	ATHER'S NAME First Middle	LOGT IS MOTHER'S MAIDEN NAME	First M•ddle	Lost
e be			erperZ		Deach
Sica To plec		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC es, no, or unknown) (If yes give war or dates of service)	IAL SECURITY NO. 17 INFORMANT	Hart RV 5905	= Fisher Dd
phy en ava	-	5/	7-09-544D Margaret	Mark IN Sign	APPROXIMATE INTERVAL
in the management of the manag		18. CAUSE OF DEATH (Enter only one cause per line for (a), PART 1. DEATH WAS CAUSED BY.	, (b), and (c), (+Q	/	BETWEEN ONSET AND DEATH
mit.		IMMEDIATE CAUSE (a) _CA	POIAC ARRE	5 /	
he of per		DUE TO, OR AS A CONS			- 2-4RS
the the mail		If se to immed one course (oil)	DIO VASCULAN	LNSUFF	Pilita
trar cre	Н	stating the underlying cause DUE TO, OR AS A CONS	SEQUENCE OF	CLEDED RALL	KESEZ 212
ysic rial	П	last. (c) C _u N	13, 11/30/CDRK	18910000	1810N 30H
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 4 may be retained by the hospital ar attending physician. FERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine or, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers—Page 1 months the State Dept at Health priar to burial, cremation, or remaval, and in any event, within 2 hours after the filled with the State Dept at Health priar to burial, cremation, or remaval, and in any event, within 2 hours after the filled with the State Dept at Health priar to burial, cremation, or remaval, and in any event, within 2 hours after the filled with the State Dept at Health priar to burial, cremation, or remaval, and in any event, within 2 hours after the filled with the State Dept at Health priar to burial, cremation, or remaval, and in any event, within 2 hours after the filled with the State Dept at Health priar to burial, cremation, or remaval, and in any event, within 2 hours after the filled with the State Dept at the state Dept at the filled with the State Dept at th		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART 1(a)	
ding ding the	8	4336	ATION WAS SEREOPHED BY ALITOPHED	THE IF MPS IMPS CHIMINGS S	AMERICA DE LES PROPERTIES
The law attendir has bee se as the th priori	I Z	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPER/		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NAZIDEKED IN CEKTIFTIME
e be a start	CERTIFICATION	21g ACCIDENT WAS UNDERLYING 121b TIME OF INJURY	YES NO		101
d all a		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month	Day Year	ter nature of injury in Port 1 or Part 2, I	18.)
SIC Spit ertiil af	MEDICAL	(If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME.)	FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. h	1 7 7	P
TENDING PHYSICIAN: ined by the hospital ar OR: After this certificate buid be detached far u		While Nat while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ILDING, EIC STREET OF R.F.D. P	la City or Tawn	County State
5 4 4 9 3 a			10	10 5 - 10 10	la Complete D. Land Day
Affe Affe Sto	Н	22a I certify that (I) (this haspital) attended to saw the deceased alive an 5-4	ne deceased from 19 and that in (my) (aur) a	ninian death accurred on the da	te and hour and from the
the constant	Н	causes stated abave, (I) (we) (aid) (did not) view the bady after death.	printed and account of the same	TO STITE HOOF STITE HOOF
A S D S S		22b. SIGNATURE	ATTENDING TO	MED STAFF 22c I	DATE SIGNED
Ped 3 Electrical Section 19 Pe		(life & h o	CAPTURE DEGREE PHYS.	DIRECTOR PHYS.	5-6-68
Al Al		22d. PHYS (AN'S NAME (Type)	22e ADDRESS	11/50 000	
SPI 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4		1-72.60	K. LAPINI C	-1270N, 150	
Page 4 may be retained by the hospital ar attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the director, page 3 shaula be detached far use as the burial-transit permit. Then please remave carban pages: -should be filed with the State Dept at Health priar to burial, cremation, or remaval, and in any event, within 2 hospital at the state Dept at the state burial, cremation, or remaval, and in any event, within 2 hospital at the state Dept at the state burial, cremation, or remaval, and in any event, within 2 hospital at the state Dept at the state burial, cremation, or remaval, and in any event, within 2 hospital at the state Dept at the state burial, cremation, or remaval, and in any event, within 2 hospital at the state Dept at the state burial, cremation, or remaval.	23a	armoute to t	3c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
24 27		Miniai Ligh A-1200	Cedar Hill Cemetery		ryland
VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR	ADDRESS ZUMS ST. DC 25a. RKO	ABY REGISTRAR 1968. REGISTRAR S	Was Judal
JUM KEV, 1768		impron win 1661	Geral Hepelysolst DATE		0 0



MAKYLAND STATE DEPAKIMENT OF HEALTH



MAKILANU SIAIE VEPAKIMENI OF REALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2c. DATE OF DEATH 2b. HOUR r death requires that the death certificate be executed within 24 haurs after death (Type or print) the_funeral Month James :30PM Summers Mav 5. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR last birthday) 8/6/22 Male Caucasian YRS. **FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Page all be filed with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs, To BIRTHPLACE (State or fareign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 9 COUNTY OF DEATH WIDOWED | DIVORCED [Prince George's 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Prince George's Gen. Hosp. Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Prince Geor. District Hgts. 5525 Marlboro Pike Maryland NO [14. FATHER'S NAME Middle Middle 15 MOTHER'S MAIDEN NAME First First SUMMERS 750 K 6b. SOCIAL SECUR TY NO 17. INFORMANT Address Yes, no, #runknown) SAME AS 12.E. GLORIA SUMMERS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Ruptured cerebral aneurysm. basilar PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) artery with massive subarachnoid hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any! which gove) (b) Bronchopneumonia, rt. upper lobe. rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) -1 -1 -1 X 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES EX NO 🗍 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c, HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f, LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Not while at work 22a. I certify that (4) (this haspital) attended the deceased from May 1 , 19.68 , ta May 3 , 19.68 , that (4) (we) last saw the deceased alive an May 3 , 19.68 , and that in (xxx) (aur) apinion death accurred on the date and hour and from the causes stated above, (j) (we) (did) (didnot) view the body after death. 22b SIGNATURE 22t DATE SIGNED AFTENDING May 4, 1968 DEGREE DIRECTOR PHYS PHYS 22e ADDRESS Prince George's General Hospital 22d PHYSICIAN S Saroja Bharati, M.D. NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (State). 0 1968 REGISTRAR'S SIGNATURE REC D BY REGISTRAR 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 25 J. 520 CERTIFICATE OF DEATH DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR Middle requires that the death certificate be executed within 24 haurs after death. Month 45 (Type or print) M. SUNSTIE ALMA 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) VOV. 30 WHITE YRS FEMALE in by 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8. MARRIED T NEVER MARRIED country) DIVORCED [WIDOWED TO completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 12o, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 1D. CITY OR TOWN OF DEATH during most of working life, even if retired) INDUSTRY remove carbon HOUSEWIFE buriol, cremation, or removal, and in any event, 130 USJAL RES DENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 130 STREET AND NUMBER 130 X 200 13c. CITY OR TOWN 135 COUNTY 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First SUSI the attending pllysician sit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, arankobwn) MRS. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse pending for (a), (b) and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OF AS A CONSEQUENCE, OF Conditions, if ony, which gove) rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) prior to l has been os the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? CAUSES OF DEATH? NO 🗌 YES 🗔 director, page 3 should be detached for use should be filed with the State Dept. of Health certificate 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (this local i) attended the deceased from 1900, and that in (my) (aur) apinian death accorded an the date and haur and from the TO FUNERAL DIRECTOR: After causes stared abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 226 SIGNATURE ATTENDING DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S PRINCE GEORGE ROBERT NAME (Type) (Stote) 230 BURIAL CREMATION 23b DATE MOVAL (Specify 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FURERAL DIRECTOR VR A15 (4) 1968 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

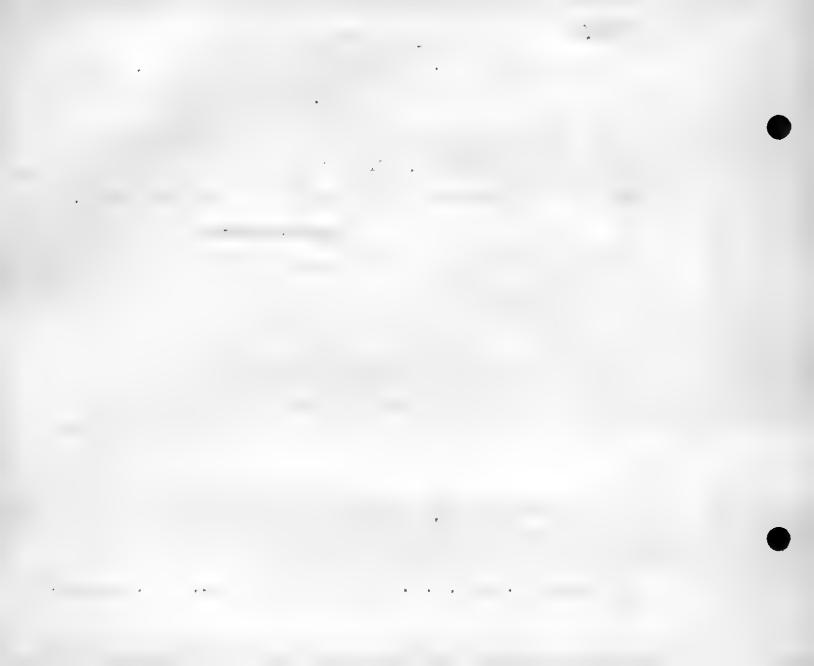


_ 1	CERTIFICATE OF DEATH
~ :	A PAT OF DEATH
at a the	20.11000
law requires that the death certificate be executed within 24 haurs after death nating physician. been signed by the attending physician and campletely fided in by the Toneral is the burial-transit permit. Then please remave carban papers, 1998, 2004 is the burial, crematian, or remaval, and in any event, with a 72 house or death	(Type or print) Margaret Mary Thomas May Month 15, Day 1968 or 1 A. M
	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS. last birthday) MONTHS DAYS MOURS MIN.
	Female Caucasian Oct. 4, 1886 81 YRS.
- 14 A	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
72	Wash.,D.C. U.S.A. WIDOWENT DIVORCED Prince Georges Md
€ .	10 CITY OF TOWN OF DEATH 11 MAME OF HOSPITAL OF INSTITUTION (If not in hospital 120 HISTORY (Vind of work days 120 MAME OF DISCHARGE OF
74	Cheverly Prince Georges Gen'l Hosp. Ret. Cashier Food Store
	13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e. STREET AND NUMBER
1 -	ddm ssion) STATE 13b. COUNTY Prince Georges Hyattsville YES NO 1517 Ray Road
- 1	14. FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last
	Wallace Wagoner Mary Fallon
	TAN WAS DEFEASED EVER IN ITS ADMED EDDICES? THAT SOCIAL SECTION OF THE INTERPRETATE Address
	Yes, no, or unknown) ("Yes give war or dates of service) 578-03-0014 Mrs. Evelyn Dorman (above address)
	APPROXIMATE INTERVAL
	PART DEATH WAS CAUSED BY MMEDIATE (AUSE (a) Acute coronary thrombosis, right, with acute
	DUE TO, OR AS A CONSEQUENCE OF myocardial infarct, posterior wall.
1:	rise ta immediate couse (a).
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	(c) Bronchopneumonia, right lung.
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	N T T V I
	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20g. Suttopsy? 20g. Suttopsy? 20g. Autopsy? 20g. Suttopsy? 20g. Autopsy? 20g. Autopsy? 20g. Autopsy? 20g. Suttopsy?
	YES KK NO CAUSES OF DEATH? Yes
	[3] (If either, natify medical examiner) P.M. 19
	at work at work
	22a certify that (1) (the shore that attended the deceased from June 1967, to May 15, 1968, that (1) short last
	saw the deceased alive an May 15 1968, and that in (my) (sex) apinian death occurred on the date and haur and fram the causes stated above, (1) (sex) (did) (didness) view the bady after death.
	226 SIGNATURE, 22c DATE SIGNED
	226 SIGNATURE DEGREE PHYS MED DIRECTOR DIRECTOR STAFF PHYS. DISTAFF DIRECTOR DIRECT
	22d. PHYSICIAN S 22e. ADDRESS
1	NAME /T
/	Normal B. Comeau, M. D. 3303 Perry Street, Mt. Rainier, Maryland
	230 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	REMOVA Glenwood Cemetery Wash., D.C.
	24. FUNERAL DIRECTOR Nalley's Funeral ADDRESS It. Rainier, 250. RECORD REGISTRAR 1968 REGISTRAR SIGNATURE Queste
3	Home Inc. Maryland DATE WAY 21 1000

MAKILAND STATE DEPARTMENT OF DEALTH



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost First 2c. DATE OF DEATH 2b HOUR (Type or pant) Richard Month 15 Doy 1968eor E. Thomas 2:12P May 4. RACE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 3 SEX S DATE OF BIRTH 6. AGE fin years IF LINDER 1 YEAR IE UNCER 24 HRS. loss pirthday) OAYS HOURS Male Negro Feb. 19, 1897 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) 11.54 WIDOWED XX DIVORCED [Prince Georges paper filled signed by the attending physician and campletely filler burial transit permit. Then please remave carban pap burial, crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during most of working life, even if retired.) Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY JANUES? 13e STREET AND NUMBER dimission) STATE Prince Georges YES [NO 11907 Ellington Dr. **Beltsville** 14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or upknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) detached far use as the has been 19b. COND TON FOR WHICH OPERATION WAS PERFORMED DATE OF OPERATION 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES | O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 3 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR MAN. Month Doy PM If either, notify med col examiner) be detached State Dept. c 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from Lawy May 15 , 19.68 , that (I) (west last saw the deceased alive an May 15 1968, and that in (Try) (xoc) apinion death accurred an the date and hour and from the director, page 3 shauld should be filed with the causes stated above, (1) (moc) (did) (dicknown view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIANCS NAME (Type) Alfred L. Lapin, M. D. 3231 Superior La., Bowie, Maryland 20715 230 BURIAL CREMATION, REMOVAL (Spec fy) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) 5-18-68 veens Chn 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REG STRAR'S 5 GNATURE. H.S Washington + Sons 4925 Depne Ave NE DATE MAY 30M REV 1/68



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2g. DATE OF DEATH 2b. HOUR First (Type or print) Month Day Year Lucille B. Todd May 1968 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. law requires that the death certificate be executed within 24 haurs after last purthday) HOURS Female Causian 12 Farch 1886 9. COUNTY OF DEATH 7o. 81RTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country lifred. Maine UNITED STATES Prince Georges County WIDOWED PA DIVORCED lease remave carban paper and in any event, within 72 physician and campletely filled 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hasp-tal 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY give street address) during most of working life, even if retired.)
Flous ew1 fe please remave carban Andrews Air Force Base Halcolm Grow USAF HOSPITAL Housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before) 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Paryland 13b COUNTY 10500 Rockville Pike APT 74-18 YES A l'ontgomery 6 NO [Tockville 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle First Last Frank W. Smith Belle Chamberlain 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give war or dates of service) 003 18 2949 Yes, no. or unknown) ar removal, J. Kenneth Popham Same as 13e APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) GETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, Conditions, if any, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed l PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) prior to as the this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO ∰ YES [21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ū be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e, PLACE OF INTURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No State Dept 21d INJURY OCCURRED State City or Town County White Not while at wark O FUNERAL DIRECTOR: After 22a, I certify that (1) (this haspital) attended the deceased from. . to 2 6 m ary 1968, and that In (my) (aur) apinian death accurred and he date and haur and fram the saw the deceased alive an_ (we) (did) (did not) view the bady after death. causes stated above, (1) director, page should be filed DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS Richard H. Sinclair NAME (Type) Malcolm Grow USAF Hospital LOCATION (City or Town) 23b. DATE 23t NAME OF CEMETERY OR CREMATORY 23d. 23a BURIAL, CREMAT ON, (County) (State) LINERAL DIRECTOR 25g. REC'D BY REGISTRAR 30M REV 1/68



1	Thems 13822a Film 403 MARYLAND STATE DEPARTMENT OF HEALTH -1-48 Ame DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	
	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Day Year 2b Houre (Type or Print) Pancy Jean Trent DEATH MATED \$\infty\$ 5-29-68 1910: OOan
	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d HOUR
ny delay 2, and 3 2, and 3 2, and 3 2, and 3 2, and 3	Female White 30 April 1932 36 VRS DAYS HOURS MIN. Manth 20 year 9 10:40am
e po	76 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	COUNTRY) W. VIR CINIA U.S WIDOWED DIVORCED Prince George's M.
after death Sive Poges along with a with the State	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (If not in hospital) Riverdale 120 USUAL OCCUPATION (Kind of work done during most of working life even if refired) Riverdale 120 KIND OF BUSINESS OR during most of working life even if refired) 120 KIND OF BUSINESS OR during most of working life even if refired)
2 with death	13d. USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
18 ce d 2e d 12 w	odm sson) STATE B35-10.MY George Riverdale YES € NO 1 4206 Queensbury Road
hin 24 haurs af nail in Item 18 naner's Office ald pages 1 and 2 wi hours after dea	14. FATHERS NAME FIRST MIDDLE LOST IS. MOTHER'S MAIDEN NAME FIRST GREATHOUSE LOST FRANKIE GREATHOUSE.
s certificate should be executed within 24 e, writing the word "pending" in pencil in farwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages emaval, and in any event within 72 hours	160 WAS DECEASED EYER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT FRANKIE WYCKOFF Same AS # 13
be executed wirt "pending" in pen hief Medical Exam ansit permit. File p event within 72 i	18 CAUSE OF DEATH (Enter on y one couse per ne for (o), (b), and (c)) APPROX MATE INTERVAL BETWEEN OWSET AND DEATH
e execute pending" of Medica sit permit	PART I DEATH WAS CAUSED BY HE TO (a), (b), one (c) PART I DEATH WAS CAUSED BY HEART failure IMMIDIATE CAUSE (a) Heart failure
exelend end f Me	DUE TO, OR AS A CONSEQUENCE OF
d 'p d 'p Chie rans	(Conditions if only, which gove the state of
This certificate should be ecate, writing the word "perbe farwarded to the Chief be used as a burial-transit removal, and in any even	storing the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF
of to a bund	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ifing arder arder af. o	8 4340
certii arwai used mava	196. DATE OF OPERATION 196 COND THON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
	F AES NO
47 90	210 EXTERNAL CAUSE WAS Z1b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A M. 19
INER: e ceri shoul files: 3 shar atron	PRIMARY OF CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm street, 21f LOCATION Street or R.F.D. No. City or Town County State
tCAL EXAMINER: e execute the cert ctor Page 4 shouls for your files. eTOR: Page 3 shouls burial, cremation.	WHILE NOT WHILE Tactory, affice building, etc.) AT WORK AT WORK
L EXA ecute Page ar you R: Pagi	22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🖾, Inquiry 🖾, and in my apinior
CTO Feer Form	death resulted from: Natural causes X, Ascident . Suicide . Hamicide . Undetermined manner
Sirect lain tain tain ta	CHIEF MEDICAL EXAMINER
ol o	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
Sony Sony V by VER	EXAMINER'S DEPUTY MEDICAL EXAM NER \(\times\) 5-30-68
10 DEPUTY DICAL EXAM necessary, please execute the the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) Onthe Kelice ID Riverdale, Md. ADDRESS(Street, city, town, or county)
01 = 2 01 H	230 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	24 FUNERAL DIRECTOR ADDRESS 2SO REC'D BY REG STRAR 2SD REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV 1/68	W. W. Chambers 60 Twerdale Ma DATE JUN 4 1968 yourses Juges



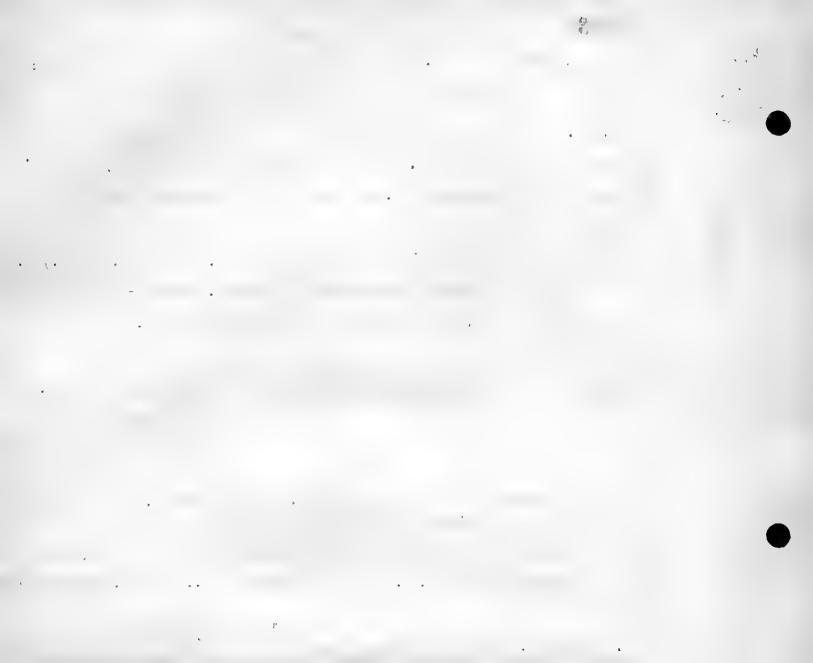


		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	** (*)
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	" + 0 € 0
HEALTH DEPT.	1, 8	DECEASED-NAME First Middle Last 2a. DATE KNOWN X Month Date	y Year 25. HQUR
of of o	(Type or Print)	' U# 41
ay in a state of the state of t	3 S		2d HOUR
7 _ Ob. as 45.	ľ	lest builted have not be min	
2, and de		M 20 Dec 27 40 48 5	68 19 10:3
and the same of th	/a.	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	EL .	oty) Virginia U.S.A. WIDOWED DIVORCED Prince Geor	ge M
death with for with for he State	V10 (CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b	KIND OF BUSINESS OR
T m >		Oxon Hill give street oddress) 821 Southern Ave., during most of working life, even if retired) A	&P Tea Co.
ofter de 8. Give I olong w with the	13a	USUAL RES DENCE (Where deceased lived, if institution, Residence before 133 CITY OR TOWN INSTITUTION OF THE LAND NUMBER REVIEW INDIVIDUAL TO THE LAND NUMBER REVIEW IN THE LAN	v Drive
	٥	USUAL RES DENCE (Where deceased lived, if institution, Residence before 133 CITY OR TOWN INTERPOLATION OF THE VIRGINIA COUNTY Prince William YES NO X RESERVENCE Joodbridge	XXXXXXXX
hours Item 11 Office 10nd 2	14. 1	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Last
		Roy Lee Wade Lucy	Moseley
within 24 in pencil in Examiner's File pages 172 hours	160	Wife DECEMEN DIED UNIC IDNES PARCES	
withtn pencil xaminer ile page 72 hou		Ves, no, or unknown) (** yes gue wa podotas of service) 230 24 9509 Mrs. Mabel V. Wade, 432LongviewDi	dbridge, Va.
ould be executed with vord "pending" in pene Chief Medical Exar ol-transit perm File on event within 72	⊨	<u> </u>	APPROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
hould be executed word "pending" in the Chief Medicol iniol-tronsit permit nony event within	1	IMMUDIATE CAUSE (g) GUITSTION WOULD OF CHEST	Minutes
end m m m		965 C DUE TO, OR AS A CONSEQUENCE OF	
be hief		Canditians, if any, which gave) (b)	
ord ord		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	1	last.	
is certificate shift, writing the value of forwarded to the used as a buritemoval, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing th rworded t	_	7// X	
certiff verificonor losed used moval	I N	19a. DATE OF OPERATION 19b. CONDIT ON FOR WHICH OPERATION	20 AUTOPSY?
for y	FICA	WAS PERFORMED?	YES NO
-C -7 0 -10	CERTIFICATION	21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem.	
# 7 4	N. S.	I PRIMARY IN JOR CONTRIBITING C.3. I. HOUR A.M	
XAMINER: the certi ge 4 should your files. 'oge 3 shoul cremation,	MEDICAL	CAUSE OF DEATH 9:30 Mam 5 319 68 Manager of store shot during armo	
M the	-		i Fid
XAM ge 4 your your Poge		AT WORK WE AT WORK LIJASP Store 821 Southern Ave., Oxon Hill Pr	
ICAL EXAMINER: e execute the cert tor. Page 4 should ed for your files. iCTOR: Page 3 shou buriol, cremation,		220. I certify that I toak charge af the remains described above, held an Autopsy 🕱, Inspection 🕱 Inquiry 🖾.	and in my apiniar
E Ge to B E		death resulted fram: Natural payses , / Accident / , Suicide , Homicide , Undetermined manner	
please direct direct DIRECT DIRECT OF TO It	1	CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE M.D. ASS STANT MEDICAL EXAMINER 22b. DATE SIGN	NED
LT. Programme Beer Programme Beer Programme Beer Programme Beer Beer Beer Beer Beer Beer Beer B		The state of the s	3-68
O DEPUTY necessory, I the funerol S may be no D FUNERAL Heolth prin		EXAMINER'S NAME (Type) NAME (Type) NAME (Type) NAME (Type) NAME (Type) NAME (Type)	
TO DEPUTY, the funero 5 moy be 10 FUNERA Heolth pr	230		unty) (State)
F F			irginia
	24.	ELIMICIAL DECTION ANDRESS ANDRESS AND ASSOCIATED AS OF CEDAR COLOR	
VR A15ME (5)	Ci	FUNERAL DEETGR Mountcastle Funeral Haddress Virginia Park MAY 7 1988	es juage

MARYLAND STATE DEPARTMENT OF HEALTH



114			TLAND STATE DEPARTMENT OF		
77	7528	DIVISION OF VITAL REC	ORDS, 301 W. PRESTON STREET, BA	•	723
As as	66660		CERTIFICATE OF DEATH		
eegh.	(Type or print)	Robert R.		20 DATE OF DEATH Month Do	2b. HOUR P
e e e	(aptaén			may I,	⁹ 1968 ^{eor} 11:30 ^M
free fu	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF JNDER 1 YEAR OF UNDER 24 HRS. MONTHS CAYS HOURS MIN
- 25 ± 8 52	Male	Caucasian	12/8/84	lost birthdoy) 83 YRS.	
requires that the death certificate be executed within 24 hours after for graysician. In signed by the attending physician and campletely filled in by the fune burial-transit permit. Then please remave carban papers. Pages I as a burial, crematian, ar remaval, and in any event, within 72 hours after de	7o. BIRTHPLACE (State or foreign country) A4	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED XXNEVER MARRIED	9. COUNTY OF DEATH	
24 uper 72	//XUO, "d.	USA	WIDOWED DIVORCED	Prince Georges	Md.
cuted within 24 smpletely filled ve carban pape event, within 77	10. CITY OR TOWN OF DEATH	T1. NAME OF HOSPITA	L OR INSTITUTION (If not in hospital 120 U	SUAL OCCUPATION (Kind of work done most of working life even if retired)	126 KIND OF BUSINESS OR INDUSTRY DOLLO
tely the repair	Cheverly	Prince Ge	o.Gen'l Hospital	most of working life, even if retired) rchant Marine (a)	ot City Day
ted pple	odmission) STATE Mary Land	losed lived, if institution: Residence	before 13c. CITY OR TOWN 13d INSIDE CIT	UA CO	Huthority
carr carr nave		Prince George		1303 OTALL CO	ourt
on campletely fremove carban in any event, with	14 FATHER S NAME First	Middle	Lost IS. MOTHER'S MAIDEN NAMI		Lost
e be	Zachariah	Ward	//ar	y Wheeler	
equires that the death certificate be execphysician. Signed by the attending physician and comburial-transit permit. Then please remaburial, crematian, ar remaval, and in any	160. WAS DECEASED EVER IN U.S. / Yes, gg, or unknown) (If yes gi	RMED FORCES? TOD SOCIAL SE	CURITY NO 17. INFORMANT 6-7753 Robert Word	Address	21,204
Prtif			THE	230 E. Burke Ave	e Balto Ind
ne death cer attending p permit. The	18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b) SED BY Mucinous	and (c))	A. 1. 0	BETWEEN ONSET AND DEATH
deat rend mit.	IMME	DIATE CAUSE (0) MUCT HOUS	adenocarcinoma of s	tomacn, massive -	
he of per per rian	15/1	DUE TO, OR AS A CONSEQUE			
at the the nsit made	Conditions, if ony, which gos rise to immediate cause (a	(0)	al extension and hep	atic metastasis.	
by by cree	stoting the underlying cous		NCE OF		
equires that the physician. signed by the burial-transit purial.	lost.	, (c)			
sig bu	PART 2 OTHER SIGNIFICANT		BUT NOT RELATED TO THE TERMINAL DISEASE C	* *	
ding ding een the arr to	190. DATE OF OPERATION 19	Massive b. CONDITION FOR WHICH OPERATION	replacement of pancr	eas by carcinoma of 206 IF YES, WERE FINDINGS (of stomach.
The law attendin has bee se as th th priar t	190. DATE OF OPERATION 19	B. CONDITION FOR WHICH OPERATION		CAUSES OF DEATHS	CONSIDERED IN CERTIFYING
r The by	210, ACCIDENT WAS UNDERL	ING 216 TIME OF INJURY	YES KK NO		h 101
AN al o		EATH HOUR A.M. Month Doy	Year Year	nter noture of injury in Port 1 or Part 2,	. Item 18.)
SICI spit ertif ed bed t. af	(If either, notify medical exa	miner) PM.	19	61	
OR ATTENDING PHYSICIAN: The law re be retained by the haspital or attending DIRECTOR: After this certificate has been 18 3 shauld be detached far use as the ed with the State Dept. at Health priar ta	While Not while of work	e. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING,	TREET FACTORY.) 21f LOCATION Street or R.F.D.	No City or Town	County State
in the Date of the	of work of work	4.5. L	16 - 25	140 to 16	260 # 1/15/11
DIN by Afte be Sto	sow the deceased	nive on Marr 1	eceased from MATCH 4 , 19	nining death occurred on the d	ote and hour and from the
TEN ined ined the	causes stated abo	ye, (I) sere) (did) (desk post) vie	eceased from <u>March 4</u> , 19 19 68 , and that in (my) (ew) ow the bady after death.	pinan death occorred an me a	are and naor and train me
A defa	22b. SIGNATURE			22c.	. DATE SIGNED
OR be r		2 au	DEGREE PHYS.	MED. STAFF PHYS M	lay 2, 1968
IAL COY AL C	22d, PHYS CIAN'S		22e. ADDRESS		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to		nnes Sahakyan, M	. D. 6001 Land	dover Rd., Cheverly	Maryland 20785
HO Bge Fur		DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
24 250	BEMOVAL (Specify)	5/4/168 Mt.	Olibet Conctery RECT	Baltimore, Mar	yland 1
VR A15 (4)	24 FUNERAL DIRECTOR	0 2000 0	Olibet Conctess RECT	BY REGISTRAR 256 REGISTRAR	S SIGNATURE
30M REV 1/88_1	John H. Horan,	Inc. 3000 E. B	altimore Street DATE M	AY 6 1968 fcc	0



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
,		CERTIFICATE OF DEATH
£ _~£		CEASED NAME First Middle Lost 20 DATE OF DEATH 25 HOUR
death.	(ype or print) ANNIE AGNES WEAKLIEM May 24 1968 M
ofter of	3 5	
10	L	Ferre 1 + 268 05 Of Office of States
P P P P	7о. со ц	IRTHPLACE (State or foreign) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED SEVER MARRIED 9. COUNTY OF DEATH
4 T = 22		ewark 1. V. 1/3 T WIDOWED DIVORCED rince Charge Md.
2 × 2 · 2	10 (IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eyen intertired.)
with tely f rban ', wrth	1	Laurel Gen. Harry Hauslinkl Hame
completely fi nove carban ny event, with	odm	USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c (ITY OR TOWN 13d INSIDE (ITY JIMITS) 13e STREET AND NUMBER SSION) STATE YES NO 1
execution complete co	Id	ATHER'S NAME (Erst Moddle Lost VS MOTHER S MAIDEN NAME First Middle Lost
and rem	14.	
ite R	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address
ertificate be physicion o nen pleose iaval, and ii	١	es, 10, or enknown) (If yes give war or dates at service) 138 09 69/90 Mys Plus. Filly Sanage Mid
equires that the death certificate be executed thysicion. signed by the oftending physicion and complet burial-tronsit permit. Then please remove carburial, cremation, or remaval, and in any event,		18. CAUSE OF DEATH (Enter only one couse per line for (q)_(b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ne death cei oftending p permit The		PART I DEATH WAS CAUSED BY Sough forevery for 5 days
ne deat ottend permit ion, or r		DUE TO, OR AS A CANSEQUENCE OF
t th st p	Н	(onditions, if ony, which gave) use to immediate cause (a) (b) deal antere orderous
tron crer		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
quires that thy physicion. signed by the burial-tronsit burial, cremat		lost. (c) Northurson dise and 30 911
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
ow rading been the or to	CATION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
AN: The low re to or tending it of the hos been for use as the Health prior to	T	YES NO X CAUSES OF DEATH?
AN: The	CERTIFIC	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
五名 细下品	MEDICAL	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
G PHYSICIAN: The low rather hospital or ottending this certificate has been detached for use as the te Dept. of Health prior to	ME	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, SIRRET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
JING PHYS by the hos lifer this ce be detache State Dept.		OI WORK OI WORK
by Affer Stat	ı	22a. I certify that (I) (this haspital) attended the deceased from 1955, and that in (my) (aur) apinion death occurred on the date and haur and from the
ATTENI Stoined CTOR: A Shauld ith the	L	causes stated above, (I) (we) (did) (did nat) view the bady after death.
OR ATTENDING be retained by the IRECTOR: After a shauld be ded with the State		22b. SIGNATURE / 2 22c. DATE SIGNED
AL OR ATTENI y be retoined L DIRECTOR: A oge 3 shauld filed with the	1	DEGREE PHYS DIRECTOR PHYS.
TAL O moy be RAL DIS poge be filed		22d. PHYSICIAN'S 22e ADDRESS 22e ADDRESS 22e ADDRESS
O HOSPITAL OR ATTENDING Poge 4 may be retained by the O FUNERAL DIRECTOR: After director, page 3 shauld be d should be filed with the State	02	y to by a tree of
D HOSPI Poge 4 r D FUNER director, should b	230	BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
		EUNERAL DIRECTOR - ADDRESS A 250, REC'D BY REGISTRAR 25b, REGISTRAR S GIGNATURE
VR A15 (4) 3DM REV. 1/68	1	10 W. T. Dung don Kruel mil DATE MAY 31 1968 Icharles Justice

MAKTLAND STATE DEPARTMENT OF HEALTH



. 1	MARTIAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
ī.	DECEASED NAME (Type or print) COTHECINE MARE WECKEL 120 DATE OF DEATH MONTH 5 Doy 8 Years 8 250M
3.	SEX 4. RACE 5. DATE OF BIRTH 5. EPT. 13, 1871 6. AGE (In years lef under 1 YEAR IF UNDER 24 HRS. last birthday) WHITE SEPT. 13, 1871 1871
	O. BIRTHPLACE (Stote or foreign ountry) O. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH OUNTRY) NEW YGRIC U. S.A WIDOWED DIVORCED PRINCE GEORGES Md
	OCITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital W- HVATTS VILLE 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) W- HVATTS VILLE 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) NOUSTRY - HOME
	So USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 2022 ROANOKE ST
Ì	4 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost NUT AVAILABLE
Ī	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or detes of service) Address GUSTAVE A. WECKEL (SAME AS 132) APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), stoting the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
20.00	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS HINDERLYING 21b. TIME OF INITIBY 121c. HOW INITIPY OCCURRED. (Fater nature of initiary in Part 1 or Part 2 them 18.)
1	OR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Month Doy Yeor P.M. 19
1	While Not while of work of work
	22a. I certify that (I) (this haspital) attended the deceased from (1964), to 1964, that (I) (we) last saw the deceased alive an 1964, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.
l	226. SIGNATURE DEGREE ATTENDING MED. STAFF STAF
	22d. PHYSICIAN'S NAME (Type) DORIALD C. EDGREN PRINCE GEOGGES PLAZA HYATTSUILLE, MCL
Q.	REMOVAL (Specify) They 11-1968 Content of CEMETERY OF CREMATORY They 11-1968 Content of CEMETERY OF CREMATORY LUCTURE TO TOWN (County) (County) (County) (County) (County)
2	ADDRESS 254 Exercel 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 254 Exercel DATE ADDRESS SIGNATURE ADDRESS

	1	である	DIVISION OF VITAL RECO	RDS, 301 W.	PRESTON STRE	ET, BALTIMOR	E, MARYLAND 212	201	
· (IVI)		41. WW.		CERTIF	ICATE OF D	EATH			36
ج المحال		ECEASED-NAME First	Middle		Last	20.	DATE OF DEATH		2b. HOUR
deo	- {	ype or print) Mrs. J	u S		Wen		Month	19 1968	3:21 M
\# <i>\#2#</i> &	3 S		4 RACE		S. DATE OF BIRT	Н	6. AGE (In year last birthday)	F UNDER I YEAR	IF UNDER 24 HRS.
s, of the same of		Pemale		riental	7-11-1	.887	lost birmody)	YRS.	HOURS MIN
haul S. Fy hou	7o cou	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?		D 🖈 NEVER MARRI	LU	UNTY OF DEATH		
24 in per			U.S.A.	WIDOW			rince Geor		Md
within within bon po within		ITY OR TOWN OF DEATH	give street address)	anoh Nu	rsing Hom	during mast at HOUS	UPATION (Kind of work working life, even if reti	done 12b KIND OF INDUSTRY	BUSINESS OR
bing PHYSICIAN: The low requires that the death certificate be executed within 24 haurs. by the hospital or ottending physician. After this certificate has been signed by the ottending physician and completely filled in by the be detached for use os the burnal-tronsit permit. Then please remove corbon papers. Pag State Dept. af Health prior to buriol, cremation, ar removal, and in any event, within 72 hours	13o adm	USUAL RESIDENCE (Where deceoses start Haryland	ed lived, if institution. Residence by 13b COUNTY Montgome	efore 13c CITY	OR TOWN 13c	/ES NO	13e STREET AND NUMB		30
exe and co	14.	FATHER'S NAME First		Lost	IS. MOTHER'S MAID	EN NAME First	Mid		Lost
be n ar d in		J.		lang	1		***	- 1	Ling
cate sicio oleo: , an	16a	WAS DECEASED EVER IN U.S. ARA (es, no, of unknown) (If yes give w	MED_FORCES? 16b. SOCIAL SEC		7 INFORMANT		Addr		
phy en ove					Alfred X	Wen, Son	10201 G	rosvenor	Place
th ce		18. CAUSE OF DEATH (Enter on	ly one couse per line for (a) (b), a	ind (c).)				BETWEEN	IMATE INTERVAL ONSET AND DEATH
dear fend mit, ar	ı	IMMEDIA	ATE CAUSE (o)	work	· uno	olus		14	ter
the of pel		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUEN						
y th y th insit		rise to immediate cause (a), ((b) According to the desired to the total desired t		Morris	4			
ires th ysiciar ned br ral-trc iol, cri		stating the <u>underlying couse</u>	(1) Rhewer	tie h	ent de		auriuly	fire atim	
requence of physics of			IDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL D	SISEASE OR CONDITI	ON GIVEN IN PART 1(a)		
ow ding the or t	8		CONDITION FOR WHICH OPERATION V	WAS DEDECTORED	20g. AUTOPS	va	206 IF YES, WERE FIND	NNCE CONSIDERED IN C	EDTIEVING
The I offer has is see os the pri	CERTIFICATION	The Sale of Greation	CONDITION FOR THICKNESS T		YES 🔲	NO 🟳	CAUSES OF DEATH?		LKIIFIIIIO
AN: Il or cote or u		21g. ACCIDENT WAS UNDERLYIN		21c	HOW INJURY OCCUR	RED (Enter natur	e of injury in Port 1 or P	ort 2, Item 18.)	
SICE Spito	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.	19					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-tronshould be filed with the State Dept. af Health prior to buriol, creating the state Dept. af Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept. and Health prior to buriol, creating the state Dept.	2	at work at work	PLACE OF INJURY (AT HOME, FARM, STI OFFICE BUILDING, E				City or Town	County	Stote
HNG by 1 ffer be o	ı	22a I certify that (I) (th	is hospitol) ottended the de live an Shum e, (I) (we) (did) (did not) view	ceosed from-	22000	ce, 19 66,	to 1900244	_, 19 <u>_68</u> _ , that	(I) (y#) last
ATTEND Petained CTOR: A should ith the	l	saw the deceased a causes stated above	live an S / did (did not) view	v the body ofti	ind that in (my). er death	(90r) opinion	death accurred gh t	he dote and hour	and from the
R ATTENI retained retained recTOR: A 3 should with the	ı	22b. SIGNATURE	/	r inib body on				22c. DATE SIGNED	
OR De red w		Alfred to	Snee 14. D.		GREE PHYS.	MED. DIRECTO	R STAFF	20 May	1558
Pog Pog e file		22d. PHYSICIAN'S AL NAME (Type)	FRED BAER, M. D.; E		22e. ADDRES	S Body r	eleased au	thority D	r. Keno
O HOSPITAL OR Page 4 moy be 1 O FUNERAL DIRI director, page 3	L		730 24TH STREET.		P.G.C		says Dr. E		
FG age	23a	BURIAL (REMATION, REMOVAL (Specify) Burial 5-4	MISHINGTON, DISC GAM	ME OF CEMETERY	OR CREMATORY	23d.	LOCATION (City or Town	(County)	(Stale)
5-5-1	24 -	Burial 5-2	22_1968 333 4353	negar	nill ceme	Sa. REC'D BY REGI	STRAP JOSE PEOPE	TRAP'S SIGNATURE	ges Co.
30M REV LAS	["]	oseph Gawler!	s Sons Inc.	30016	Bo.Ave.	DATE NA	2 2 1968	TRAR'S SIGNATURE	udge

MAKTLAND STATE DEPARTMENT OF HEALTH



		-			5111151511 65		D STATE DEPARTM					
	M			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							7 1	
1	E 12 E				rrst Middle		Lost		2a. DATE OF DEATH		2b. HOUR	
	haurs after death n by the funeral s. Pages 1 and 2 hours after death		(1	ype of print)	Effie	A.	Whitmore	Ma	30,	oy 1968 ^{ar}	9 DOA	
	ter frer		3. SE	X	4. RACE		S. DATE OF BI		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS QAYS	HOURS AHN.	
	urs afte y the f Pages urs afte			Female	Cauca		Dec.	20, 1894				
	haurs in by ers. P		7o. E	IRTHPLACE (State or foreign try) / inginia	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED NEVER MAR	KIED	TY OF DEATH			
4	n 24 ha illed in papers.				U.S.A.			RCED Pri	nce George's		Md.	
z ex	ed within 24 stetely filled carbon pape	V:		ITY OR TOWN OF DEATH Cheverly	DOA-Pri	street oddress) n.ce Geo.Ge	STITUTION (If not in hospital en'l Hospital	during cost of w	ATION (Kind of work done or kyng life, even if retired)	12b. KIND OF INDUSTRY	ans Adm.	
2	capptetely are carbon y vvent, with		13o odmi	USUAL RESIDENCE (Where dece ssign) STATE Maryland	12k COLINTY		13c. CITY OR TOWN Mt/Rainier	VEE CO NO.	13e. STREET AND NUMBER 2504 Allison	Chusch		
4	e exect and ca reman	13		ATHER'S NAME First	Middle	Lost		AIDEN NAME First	ALTISON Middle	Street	Last	
P	and and rem	-/-		Amos	D.	1100		Cora	A.		Balt	
8	ertificate b physiciam ren please aval, and t			WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECURITY		_0-[Address		150000	
1 0	hysi hysi raf,		LY	es, no, or unknown) (If yes give	war or dates of service)	yes	Wallace	Whitmore 4	1404 Argone 1	que Jai	ntax Va.	
4 4	equires that the death certificate be executed within 24 hours after deaphysician. signed by the attending physician and capatetely filled in by the funeraburial-transit permit. Then please remare capon papers. Pages I and burial-transit permit, and in any event, within 72 hours after deaphy cremation, ar remayal, and in any event, within 72 hours after deaphy.			1B. CAUSE OF DEATH (Enter of	anly one couse per li	ne for (o), (b) ond (c))		,	APPROXII BETWEEN O	MATE INTERVAL INSET AND DEATH	
1 0				PART I. DEATH WAS CALS	SED BY. DIATE CAUSE (a)	Cononi	any Ihno	m 60315	AGUTE	_ 2/	hns	
2	affe on,			, 1	DUE TO, OR	A CONSEQUENCE OF			7			
2 2	that the on. by the or ransit pe			Conditions, if any, which gove rise to immediate cause (a)	(b)	distenios	exenotic H	eant 1)	138738	5)	125	
2	that t an. by the fransit cremal			stating the underlying cause		AS A CONSEQUENCE OF						
7,3	physicio physicio signed I burial-to burial, c			lost	(c)							
-4h				PART 2 OTHER SIGNIFICANT OF	ONDITIONS CONTRIBU	ITING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE OR CONDITION	N GIVEN IN PART 1(a)			
20	law Inding been s the		NOL		L CONDITION FOR WH	ICH OPERATION WAS PE	ERFORMED 20a, AUTO	cvoqu	20b IF YES, WERE FINDINGS	CONSIDERED IN C	FRTIEVING	
(LDING PHYSICIAN: The faw related by the hospital or attending 1 After this certificate has been 8 be detached far use as the best of Health prior table 5 State Dept of Health prior table	2	CERTIFICATION	THE DATE OF OPERATION	o. COMPITION FOR WIT	IIC OFERNION WAS TO	YES T		CAUSES OF DEATH?	CONSIDERED IN C	EK 311 3111Q	
{	or or or te h	-	CERT	210. ACCIDENT WAS UNDERLY	ING 216 TIME O	F INJURY			of injury in Part 1 or Part 2	. Item 18.)		
4	rial ifica for for		R	OR CONTRIBUTING CAUSE OF OR	ATH HOUR A.M.	Marth Day Year		,		,		
0	TENDING PHYSICIAN: need by the hospital or R. Affer this certificate ould be detached for u		MED				CTORY.) 21f LOCATION Street	et ar R.F.D. No.	City or Tawn	County	State	
(3	PH he h this etac Deg			21d INJURY OCCURRED 21 While Not while or work at work		A DALE BRITTING ELC						
	by the free deed by deed deed deed deed deed deed			22a. I certify that (I) (I saw the deceased	his haspital) att	ended the deceas	ed from June	, 1960,1	0 5 30,1	9 68, that	(I) (we) last	
	ed led led led led led led led led led l			saw the deceased causes stoted oba	alive on	did ant view the	19 66, and that in (m	y) (our) opinion di	eath occurred an the c	iate and haur	and from the	
	retained retained ECTOR: A shauld with the			22b. SIGNATURE	ve, (i) (wa) (dia)	(ura nor) view ine	andy differ beom		220	c. DATE SIGNED,		
	OR J be re DIREC Sie 3 seed will			Chron	m X	donue	DEGREE PHYS	NG DIRECTOR	STAFF D	5/31/6	. 8	
	AL (,		22d. PHYSICIAN'S			22e ADD			1-1-		
	SPITAL 4 may IERAL ar, pag dbe fil	1		NAME (Type) Nom	an D. Con	neau M. D	3503	Perry St.	Mt Rainie	er. Marv	land	
	Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the		230.		. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d I	OCATION (City or Town)	(County)	(State)	
	5 5 9 2			REMOVAL (Spenix) D	me 4. 19	68 Arlin	igton Nationa		rlington		Da.	
	VR A15 (6)	24.		wolke	8434 ADDRESS	rgia Avenue	25g. REC'D BY REGIST				
	30M REV 1	/68	W	arner E. Pwin	hrey, Inc	· Silver S	prina Md.	DATE JUN	6 1968 yc	contar y	nege-	

, ř. C

•

•

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or pnnt) Month Doy Year Smith Pegev Wightman Mav 1968 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF JNDER 1 YEAR last birthday) MONTHS DAYS HOURS Female White YRS 23 April 1939 burial, cremation, or remayal, and in any event, within 72 haurs 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED 1.5.A. WIDOWED [DIVORCED [Pri Georges
12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within give street address) during most of working life, even if retired) INDESTRY Pr. Geo. Gen. Hosp.
estitution: Residence before 13c (ITY OR TOWN Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before E3d INSIDE CITY EIMITS? 13e STREET AND NUMBER 13b. COUNTY YES NO Cheverly Landover Rose IS MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17_INFORMANT Address ISAME AS DOHN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immed ate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1763 priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 03 O FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES V NO | 3 should be detached far use with the State Dept. of Health ; 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. State City or Town County White Nat while at wark 22a. I certify that (i) (this haspital) attended the deceased from ________, 19______, ta_________, 19______, 19______, 19______, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v PHYS DIRECTOR 22d. PHYSICIAN 22e. ADDRESS 230 BURIAL CREMATION 23b DATE LOCATION (City or Town) (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68

MAKTLANU SIAIE DEPAKIMENI UF HEALIH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Month NELL DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 4. RACE 3. SEX last birthagy) MONTHS DAYS by Pao low requires that the death certificate be executed within 24 hours hou 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) corbon popers. P.G. Co WIDOWED DIVORCED event, within 72 filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired) INDUSTRY CLINTON 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY 13b. ÆQUNCX NO [burial, cremation, or removal, and in any 14 FATHER'S NAME M.ddle 15. MOTHER'S MAIDEN NAME First dm physician on pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO. (If was give war or dates of service) Yes, pf. or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQU Conditions, if any, which gave) rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to has be CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗔 NO | FUNERAL DIRECTOR: After this certificote 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY TO HOSPITAL OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year PM. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram... and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ b retaine causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE 22¢. DATE SIGNED ATTENDING PHYS. DIRECTOR 22e_ADDRESS PHYSICIAN'S NAME (Type) 23d-LOCATION (County) 23a. BURIAL, CREMATION,

MARYLAND STATE DEPARTMENT OF HEALTH

- \

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 16-5 C C C HEALTH DEPT DECEASED NAME Middle 20. DATE KNOWN X Dav 2b HOUR Year (Type or Print) OF EST delay is and 3 ta Page Carrie Elizabeth H11117ms DEATH MATED ment 4. RACE 6 AGE (in years IF UNCER 24 HRS 3 SEX 5 DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR and PM3 HOURS Doy 19 1-4-95 fezzle Regro 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH form rountry) Maryland U.S.A. WIDOWED IX DIVORCED [Prince George's Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done WITH 12b KIND OF BUSINESS OR Hosp. give street oddress INDUSTRY Cheverly corge's General Office alang with 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY in them 18. YES X NO 2714 Mable Avenue Rowie land2 24 haurs after 14. FATHER'S NAME Lost 15 MOTHER'S MAIDEN NAME F-rst Rache1 Harris John Chew haurs pages shauld be farwarded to the Chief Medical Examiner's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** in pencil (Yes, no, or unknown) (III yes give war or dates of service) None Charles W. Williams-523 59th Street. NE.# 문 within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HEAD ONE THEN WIRE permit "pending" PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Heart Failure DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove : Arteriosclerotic Leart Dicease over 30 vrs. rise to immediate couse (a). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES [NO X ь 21b TIME OF INJURY Month, Day, Year 210. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE O burial, Inspection 📆 Inquiry X and in my ap nian death resulted from: Suicide [Natural rauses X Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 5-19-68 DEPLTY MEDICAL EXAMINER [X] **EXAMINER'S** elice I.D., Diveriale, 1 my and ADDRESS (Street, city, town, or county) NAME (Type) Joh 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23d. LOCATION (City or Town) (Stote) 5-24-68 Arlington National Arlington, Virginia 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR Street, N. E. VR A15ME (5) John T. Rhines Company Funeral 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKTMENT OF DEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First _ Last 20. DATE OF DEATH 26. HOUR The law requires that the death certificate be executed within 24 haurs after death. dean funeral (Type or print) Month May H 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years lost bythday) 8/10/1902 White Male 76. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED 🕞 NEVER MARRIED 🗌 country) Prince Geo. U.S.A. WIDOWED | DIVORCED [linois be detached far use as the bur.al-transit permit. Then please remave carban paper State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 filled ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hasp'tol 12o USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Pr. (100.Gen. Hosp. during mast of working life, even if retired.) INDUSTRY Cheverly Retired - GPO 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. .COUNTY YES SC N. Wayne Arlington 14 FATHER'S NAME Middle last 15. MOTHER'S MAIDEN NAME First Middle Williams John F. Susie Stephens 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (above address TB. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical exominer) (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Mot while ! 22a. I certify that (!) (this hospital) attended the deceased from 1968, and that in (my) (aur) apinion death accurred on the date and haur and from the irectar, page 3 shauld bauld be filed with the couses stoted above, (1) (we) (did) (did not) view the body after death DIRECTOR PHYS 220 PHYSICIAN'S 22e ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23g BUR AL, CREMATION. (State) REMOVAL (Specify) /17/68 Su'tland, Maryland Cedar Hill Cem. Nalley's Funeral ADDREMET. Rainier, 24. FUNERAL DIRECTOR Home Maryland 30M REV TAGE Inc. DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 61041 CERTIFICATE OF DEATH I. DECEASED-NAME Madle Last First 2a. DATE OF DEATH 2b. HOUR death. after death Month 24, era (Type or print) Marv Sue May Wiseman 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MOURS Female Caucasian July 10, 1921 46 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 8 MARRIED 🔀 NEVER MARRIED 🗌 country) WIDOWED | U. S. A. DIVORCED [Prince Georges burial-transit permit. Then please remove carban papér burial, crematian, ar removal, and in any event, within 72 Tenn. IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR DOA Prince Geo.Gen'l Hospital duriff ுருவு அவுச்ர்ந்தில், even if retired) Wn Home cheverly campletely West Lanham 13a JSJAL RESIDENCE (Where deceosed lived, f institution Residence before 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER ATTENDING PHYSICIAN: The law requires that the death certificate be executed odmission) STATE Mary Land Prince George's YES 🔀 NO 7744 Frederick Road 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Robert Blakenship Ida physician (Lewis 16b SOCIAL SECUR TY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) Howard W. Wiseman Same as #13 412 14 1837 no APPROX MATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b)) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p (anditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES T NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. 2 d. INJURY OCCURRED City or Town State County While Not while at work (1) shest respited) attended the degeneral from 1968, a 19 68, another in (my) besit apinian death accurated on the date and hour and from the director, page 3 shauld shauld be filed with the causes, stated above ((1) 1000) (did) (did not) view the body after death. 22b SIGNAPLIKE 22c DATE SIGNED STAFF DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22p. ADDRESS NAME (Type) 5701 85th Ave. Hyattsville, Md. 20784 William D. Rosson, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230 BUR AL, CREMATION, 23b. DATE (State) REMOVAL (Specify)
Burial Ft. Lincoln 0 Colmar Manor P.G. Md. 5/27/68 1968 REGISTRAR'S SIGNATURE RECD BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR

Francis Gasch's Sons Hyattsville, Md.

30M REV 1/68

MAKILAND STATE DEPAKTMENT OF REALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Month Doy Year Baby Boy Woeman Mav 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR DAYS lost birthday) HOURS 4 May 1968 White Male **FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs 7o. BiRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED [Maryland 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Cheverly verly

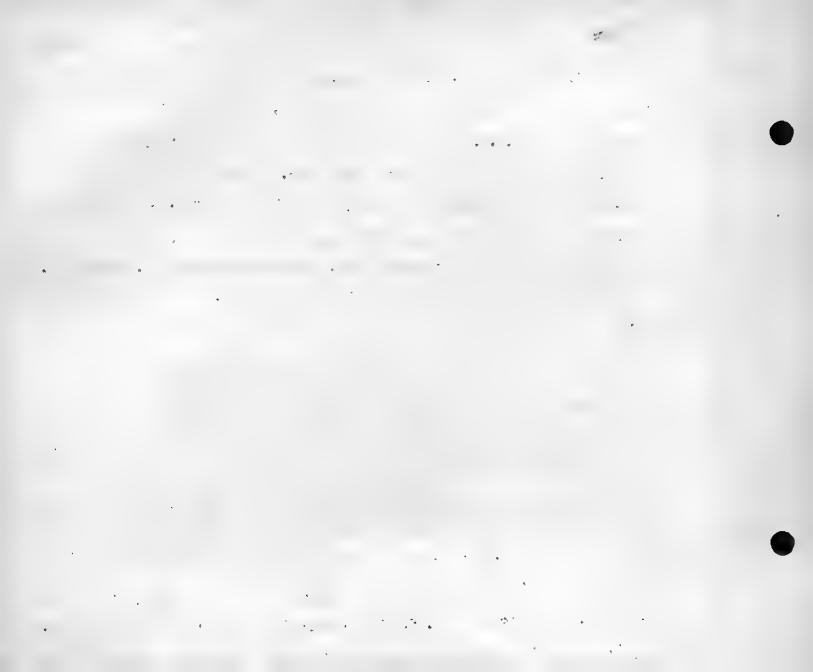
130. JSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 113c CITY OR TOWN Hosp 3d. INSIDE CITY LIM TS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES NO Pr. Geo. IS MOTHER'S MAIDEN NAME First Rlaine Ilma Kinnunen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. IN U.S. ARMED FORCES?
[If yes give war and ates of service] Yes, no. or unknown) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 10 FUNERAL DIRECTOR: After this certificate has been 10 × 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20p AUTOPSY? CAUSES OF DEATH? YES [NO XX 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter notice of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (I) (the property attended the deceased from May 4, 1968, to May 4 ____, 19<u>68</u> , that (I) (me) last saw the deceased alive an May 4 19.68, and that in (my) (see) apinion death accurred on the date and hour and from the causes stated above, (I) (see) (d.d) (despet) view the bady after death 22b SIGNATURE 22c DATE SIGNED STAFF May 4, 1968 DEGREE DIRECTOR PHYS. 22e ADDRESS 22d PHYSIC AN John R. Buell 8116 Corman Ave BURIA REMAIION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23b DAT (County) Prince George's General Cheverly, Maryland REMOVAY (Specify) HOSP DERICO BY REGISTRAR FUNERAL DIRECTOR ADDRESS 2Sb REGISTRAR S SIGNATURE VR A15 (4)-WILLIAM A. PARKER, ASSOC. ADMINISTRATOR Kilvarla

MAKYLAND STAIE DEPARIMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle Inst 20. DATE OF DEATH 2b. HOUR (Type or print) Month Doy CATHERINE AGNIES WOODAT.T. 3. SEX 4. RACE S. DATE OF BIRTH F JNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS law requires that the death certificate be executed within 24 hours after Pages last birthday) MONTHS HOURS FEMALE WHITE JULY h YRS 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED [] NEVER MARRIED[country) DIVORCED [BALTIMORE PRINCE GEORGES event, within IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY PRINCE GEORGES COUNTY HOUSEWILES CHEVERTY 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 436 INSIDE CITY LIMITS? 13e, STREET AND NUMBER 135. COUNTY NO 🗔 1835 S. HANOVER STREET MARYLAND RATTIMORE and in any 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle JOHN WALSH UNKNOWN 16c. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) 1 (If yes give war at dates at service) ar remayal, MRS. Bernadine Green 1835 S. Hanover St XXXXXXXXXX 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCÉ OF signed by the burial-transit p Conditions, if only, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending as the FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? ed far use of Health p YES [210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY Stote City or Town County of work Not while 22a. I certify that (1) (this haspital) attended the deceased from whant 16, 19 66, to many 760, 19 68, that (1) shauld causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR directar, page should be file 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION (County) (Stote) GLEN HAVEN CEMETERY GLEN BURNIE REGISTRAR'S SIGNATUR FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J7545 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH urs after death (Type or print) uneral 3 SEX 4. RACE SJOATE OF BIRTH GAGE (In years Jast birthday) IF UNDER 1 YEAR atter Male DAYS 3/21/91 Caucasian hours 7o. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED ANEVER MARRIED Prince George's DIVORCED [WIDOWED [Maryland
10, CITY OR TOWN OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince Georges Gen. Hosp. Cheverly burial, cremation, ar removal, and in any event, wi 13a. USUAL RESIDENCE (Where deceased lived, if institution? Residence before acc. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? YES TO Indian Head Ave. Prince Geo. IndianHead Maryland 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Jeabez Wright physician on please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Indian Head Md. Mrs. Earl S. Wright. 7 Indian Head Ave attending p 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) OFTWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if only, which gave: burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be detached far use as the State Dept. of Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 3/2 retained by saw the deceased alive an 5/25 __1962, and that in (my) (evr) apinian death accurred an the date and have and from the director, page 3 shauld should be filed with the causes stated above. (1) (we) (did) (did not) view the bady after death 226 SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS 22d. PHYSICIAN'S NAME (Type) Charles C. Hageage, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Tawn) 230. BURIAL, CREMATION 23b. DATE (County) (Stote) Burial (Specify) Nanjemov Baptist Nanjemov.Charles.Md. 24. FUNERAL DIRECTOR Arehart Funeral Home Inc., La Plata, Md. DATE MAY 28 30M REVIEW

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7541 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWN Month Day Year OF ESTI-Zomo 6. AGE (In years 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR male white 11-20-1950 YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [7] DIVORCED [Prince George's Pag 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress) Riverdale Leland Memorial Hospital death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY CIMITS? 13e. STREET AND NUMBER 1 and 2 with the certificate, writing the word "pending" in pencil in Item 18. G 4 shauld be farwarded to the Chief Medical Examiner's Office alak 136. COUNTY YES NO 14111 Bramble Lane Laurel 71. IS. MOTHER'S MAIDEN NAME after 14. FATHER'S NAME Middle Last hours pages ADDRESS (Yes, no, ar unknown) (If yes give war or dates of service) 578-66-4060 Mis File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: executed permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Laceration of brain event , DUE TO, OR AS A CONSEQUENCE OF skull fracture burial-transit Conditions, if any, which gave rise to immediate cause (a). This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗀 NO EX 5 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH cremation, Driver of car involved in collision 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State WHILE NOT WHILE Queens Chapel Rd. and Underwood St., University Park, Md. burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X7. Inquiry X and in my apinion Natural causes Accident X Suicide . Hamicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER (XX) 5 may b TO FUNER Health **EXAMINER'S** Riverdale, Md. ADDRESS(Street, city, tawn, or county) NAME (Type) John Kehoe MD 23g: BURIAL, CREMATION, 23c MAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)

2So. REC'D BY REGISTRAR

VR A15ME (5) 10M REV. 1/68 BUNERAL DIRECTOR

THE RESIDENCE OF STREET 1 0 I igned south the wife the the state of the s